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ABSTRACT

This report describes efforts made during 1990 by UNICEF and other organizations on behalf of the world's children. Nations attending the World Summit for Children in September committed themselves to achieving objectives to enhance the development of children by the year 2000. Efforts to benefit children in 1990 included programs dealing with immunization, diarrhea, AIDS, guinea worm disease, primary health care, and nutrition. Other programs to help children concerned basic education, sanitation, urban services, childhood disability, women's development, emergency relief, and interagency cooperation. In 1990, advocacy on behalf of children was enhanced by: (1) the mobilization of UNICEF's resources in conferences, publications, and education; (2) participation by the public, nongovernmental agencies, and national committees in children's programs; (3) the support of world celebrities; and (4) the increased success of UNICEF's greeting cards and similar operations. Efforts profiled in this report include projects to help AIDS orphans in Uganda; expand the New School program in Colombia; construct latrines in Lesotho; provide loan credits to women in Nepal; establish day camps for children in Lebanon; and poll children in Ecuador and Costa Rica on the Convention on the Rights of the Child. A series of maps, tables, and charts describing UNICEF's programs, income, and other aspects of UNICEF, is provided. (BC)

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1991 UNICEF Annual Report

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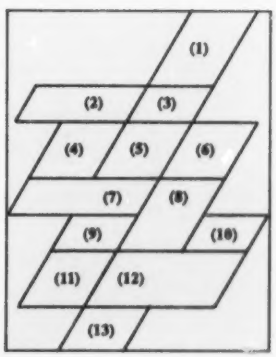

Cover photographs

(1) UNICEF/3207/88/Bregnard
(2) UNICEF/3270/89/Wright
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(9) UNICEF/3249/89/Wright
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(11) UNICEF/3397/89/Sprague
(12) UNICEF/3163/88/Bregnard
(13) UNDP/4315/88/Massey

UNICEF Annual Report 1991

Contents

Introduction

by the Executive Director, James P. Grant 3

Programmes

1990 – A review 5

The World Summit for Children – a global event 7

Major goals for the survival, protection and development of children by the year 2000 7

The World Summit for Children: the commitment 8

Child survival and development 9

Towards universal child immunization 9

Control of diarrhoeal diseases 10

Acute respiratory infections 12

AIDS and children 13

Guinea worm disease 16

Primary health care 17

The Bamako Initiative 18

Nutrition 18

Basic education 21

Water supply and sanitation 23

Sustainable development – the environment 26

Urban basic services 27

Childhood disability 27

Children in especially difficult circumstances 29

Women in development 35

Social mobilization/Facts for Life 37

Brazilian experience 37

Emergency relief and rehabilitation 38

Monitoring and evaluation 40

Inter-agency co-operation 41

Adjustment with a human face 42

External relations

Mobilizing for children 43

Convention on the Rights of the Child 44

Public participation 48

Non-governmental organizations 49

National Committees for UNICEF 49

Fund-raising 50

Celebrity supporters and special events 50

Greeting card and related operations 51

Resources

UNICEF's finances: income, commitments and expenditures 1989-1991 53
Information resources management 59
Human resources management 59
Supply management 60

Profiles

Africa's AIDS orphans 14
A 'New School' for Fusagasugá 20
Latrines for Linakeng 25
Women gain credit in Nepal 34
Education for Peace 39
A voice for children 45

Maps, tables and charts

Map: Under-five mortality rate (U5MR) and number of births 30
Table: UNICEF programmes from general resources 32
Chart: UNICEF income by source 1990 53
Table: 1990 non-governmental contributions 54
Chart: UNICEF income 1989-1991 54
Chart: UNICEF expenditures 1989-1991 55
Map: 1990 governmental contributions 56
Charts: UNICEF expenditures on programmes by sector 1986/1990 58
Glossary 61

Introduction

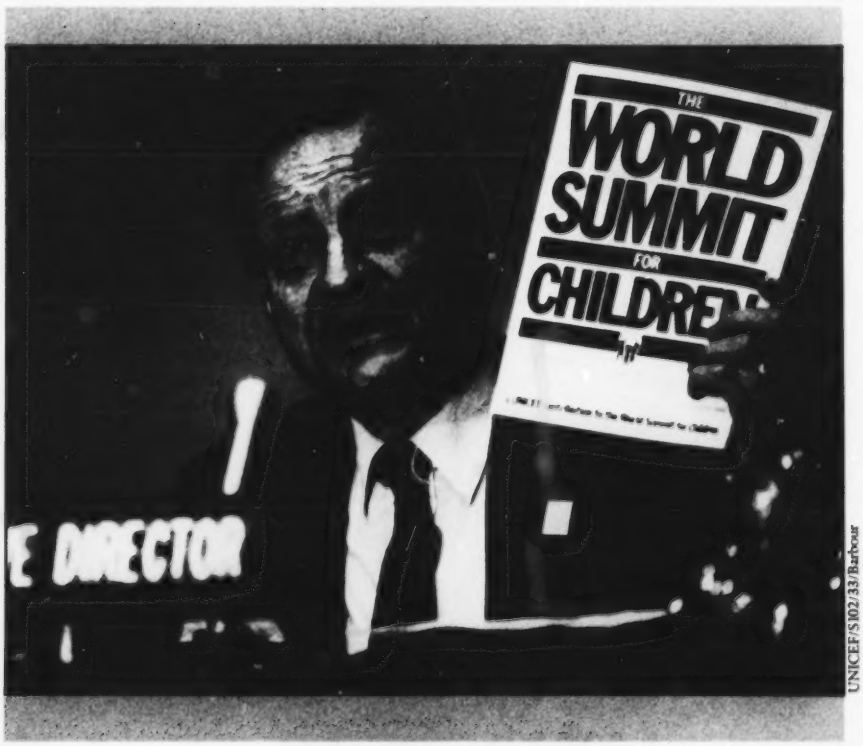
by the Executive Director, James P. Grant

Nineteen ninety may not have borne the official designation — *that* belonged to 1979 — but last year was a *real* International Year of the Child, a year of unprecedented action and promise for the young. The World Summit for Children was its high point, one of those pivotal events that shape and accelerate qualitative change.

It was, certainly, the high point of a four-decade effort by UNICEF to place children's needs at the top of the world's agenda, and a source of deep satisfaction to the entire UNICEF family.

Nineteen seventy-nine was, unquestionably, a milestone in the world's ongoing attempt to grapple with the shameful 'family secret' of more than 15 million children dying of largely preventable causes each year, and the stunting of the bodies and minds of millions more due to poverty and malnutrition.

In 1979, we already had the basic tools we needed — the life-saving know-how and technologies, in particular — for going about the business of improving children's lives.



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But it was only in 1990 that other critical factors — missing totally or partially a decade earlier — fell into place, making it possible for civilization to move collectively to ensure a significantly better future for all children.

By 1990, the international climate had undergone dizzying, unexpected changes in the direction of freedom and co-operation.

Bold advances wrought by *perestroika* in the Soviet Union, the transformation of Eastern Europe and subsequent reunification of Germany all contributed decisively to the end of the cold war that had divided East and West and militarized the world economy. There were hopes for an early redirection of military funds towards social spending.

Changes elsewhere also contributed to the new atmosphere. Democrats had driven dictators from power in Latin America. Following the release of Nelson Mandela light could be seen at the end of the long, dark tunnel of *apartheid* in South Africa.

When we first began to talk about a summit meeting for children in December 1988, we sensed the time would soon be right for focusing the world's attention more sharply on the plight of its children. But we did not envision a gathering of the size and scope of the one that finally took place on 29-30 September.

The idea of the Summit took off — thanks particularly to the enthusiastic backing of United Nations Secretary-General Javier Pérez de Cuéllar and the courage and vision of the leaders of Canada, Egypt, Mali, Mexico, Pakistan and Sweden who called the meeting.

As the attendance list began to swell in mid-1990, it became clear to us that the World Summit had become the first major test of the post-cold war waters, of what could be accomplished in the 'window of opportunity' afforded by the end of super-power rivalry and the advance of democracy world-wide.

Leaders from 152 countries representing 99 per cent of the world's population — 71 of them presidents, prime ministers or kings, and 81 senior representatives and plenipotentiaries — from North and South, East and West, took part.

By personally signing a Declaration and Plan of Action that promised to assure children a "first call" on resources to meet their essential needs, "in bad times as well as in good times", the heads of State and Government took, in effect, the first step toward establishing the well-being of all people — of "grown-up children" as well as children — as the central objective of development in a new world order. The implications of this commitment are described more fully in this report.

Through the extraordinary media coverage it generated, the Summit focused more attention world-wide and provoked more soul-searching on the broad range of child-related issues than ever before.

In fact, momentum had been building all year.

The Convention on the Rights of the Child, approved the previous November by the UN General Assembly, was opened for signature in January 1990 and entered into force as international law in less than eight months — the most rapid ratification of any international human rights treaty. For the first time, universal standards for society's treatment of the young have been codified and made binding upon the growing number of States ratifying the Convention. Although implementation will take a long time, the Convention may well prove to be the most enduring promise for children made in 1990.

In March, the World Conference on Education for All was held in Jomtien, Thailand, co-sponsored by UNDP, UNESCO, UNICEF and the World Bank. Attended by virtually all the Governments of the world and a large number of NGOs and international agencies, the Conference endorsed an expanded vision of basic education and a solid framework of action for the decade. The goal: to ensure that by the year 2000 at least 80 per cent of all 14-year-old boys and girls will have achieved an acceptable national standard of primary education, adult illiteracy rates will be at least half what they are today, and girls and boys, women and men, will have equal access to essential knowledge and skills.

In April, the UNICEF Executive Board charted the agenda for the organization for the decade by approving a comprehensive set of development goals and strategies for children in the 1990s — laying the basis for the action programme later adopted at the World Summit for Children.

In September, on the eve of the Summit, experts and officials from 115 countries gathered in New Delhi to design new strategies and set realistic goals in the effort to provide safe water and adequate sanitation to the more than one billion people who lack these services.

Throughout the year, the international community moved steadily towards a staggering achievement: immunization, by the end of 1990, of 80 per cent of the developing world's children against the major child-killing and -crippling diseases. Just over 10 years ago less than 15 per cent had the protection of vaccines, and about five million children a year were dying from preventable diseases and another 500,000 were being crippled by polio. Achieving the 1990 goal means that some 100 million infants are being reached with vaccines four or five times during their first year of life — a total of 500 million contacts every year between children and organized delivery systems — now saving the lives of about 8,000 children a day. That is 12 million lives since the campaign began and more than two and a half million young lives saved in 1990 alone.

We in UNICEF worked for the World Summit for Children — for the Declaration and Plan of Action which it adopted, and for the Convention on the Rights of the Child which it advanced — not simply because of the direct impact which they might have on children, as worthy a purpose as that would be. We worked for the first World Summit because we believed it also could be the first collective step toward a new ethic for humanity.

Success in this effort — in keeping the promise of the Summit — will mean that by the end of this decade (among many other improvements):

- some 50 million child lives will have been saved over present trends;
- the incidence of child malnutrition will have been halved;
- illiteracy for girls and women will have been more than halved;
- polio and guinea worm will have been eradicated from the face of the earth;

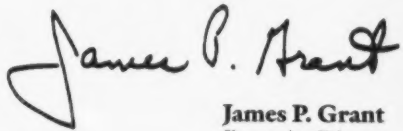
and, as we have learned from the most successful newly-industrialized countries in the Pacific, economic progress will have been considerably accelerated and population growth will have been significantly slowed. Sustainable human development will have been advanced.

First steps are difficult and unsteady, and it is easy to stumble before the second or third. As I write, children are donning gas masks and taking shelter against missiles and bombs as war revisits the Middle East and casts a shadow over the brighter prospects which the last decade of the 20th century seemed to hold in store for humanity.

Our hopes and our emotions have certainly ridden a roller-coaster this year. If there is one constant in the disorderly equation it is the profound and continuing need of children in the world's poorest communities for the tools of survival and development. At the World Summit for Children, the planet's leaders pledged never again to put these needs on hold and they rejected, once and for all, the traditional excuses — wars, recessions, depressions, foreign debts or commodity prices — for not investing in the future by meeting the essential needs of society's young.

To ensure that the commitments made to children in 1990 are not buried in the sands of war in 1991, or that new justifications for neglect and abuse do not again gain a foothold amid economic crises in the years to come, a world-wide movement for children — for people — is needed ... a global movement akin to the movements against slavery, colonialism, environmental degradation or women's inequality ... but this time, it must be a movement *for* rather than a movement *against*, a movement allied with and giving special dimension to the movements for peace, environmental protection, population and other causes likely to dominate the world of the 1990s.

Such a movement, which was glimpsed in the grass-roots support actions that took place around the world on the eve of the Summit, can enable us all to take the second and third steps toward the new life-centred world order we seek.



James P. Grant
Executive Director

Programmes

1990 — A review

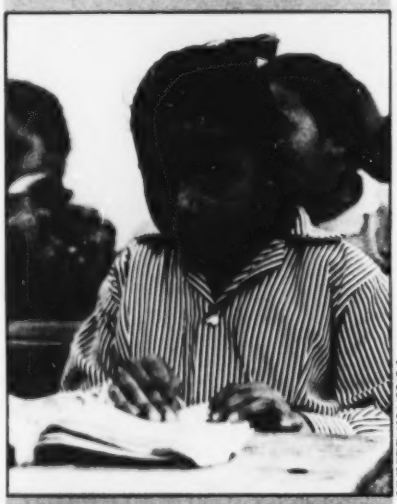
The optimism which last year ushered in the new decade has been checked by political developments that cloud the future in Eastern Europe and the Arab Gulf. The prospect of a 'peace dividend', which many hoped would flow from the end of the cold war, faded with the fear of turmoil in the Baltic States and the prospect of a new war in the Middle East.

It is significant, however, that nations everywhere remained closely united in their commitment to a better future for the younger generation — something which manifested itself in their support for two high-profile events focused on the world's children.

The first of these was the World Conference on Education for All which was held in Jomtien, Thailand, in March. About 2,000 education leaders from 155 countries responded to a warning from United Nations agencies that, after several decades of growth, educational investments and opportunities for children to learn basic life skills were stagnant or declining in scores of developing countries. About 100 million school-age children — 60 per cent of them girls — were not in school last year, and one in five of the world's people remains illiterate.

The education Conference was sponsored jointly by UNDP, UNESCO, UNICEF and the World Bank. UNICEF has been helping many developing countries to review education strategies and to redefine their goals with a heavy emphasis on the needs of girls and women. Communication efforts in the SAARC and MENA regions have emphasized that education is the cutting edge of women's development.

Among the proposals made at Jomtien for the achievement of universal primary education was a shift in national budgetary allocations from higher education for the few to primary education for the masses, and a similar



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Renewed efforts to address global education focus on the link between development levels and the education of women and girls.

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shift in the aid priorities of donor countries. At the present time, just one per cent of the industrialized world's educational aid goes towards primary schooling. The estimated cost of achieving the Conference's key educational objectives is an additional US$5 billion a year during the 1990s.

The second major event for the year was the World Summit for Children (29-30 September), the largest gathering of heads of State in history, for the special purpose of discussing their children's needs. The event rallied unanimous support for a Declaration and Plan of Action, and by the end of 1990 leaders from 152 nations had committed themselves to working towards seven main objectives for the year 2000 (*see accompanying box*).

Summit conferences often come and go with much fanfare and little to hold participants to their word. The World Summit for Children was unique in that participants went beyond statements of principle to shoulder specific obligations, to be attained by the year 2000, which they agreed should be financed and monitored. UNICEF will be preparing its first report on performance in 1992.

The Summit focused unprecedented media attention world-wide on the unnecessary loss of life and suffering inflicted upon children as a result of Governments' failure to reach the poor with available low-cost, life-saving technologies such as vaccines and ORT. It also spurred a significant expansion of global contacts and co-operation between UNICEF and other partners in a Grand Alliance for Children.

The Convention on the Rights of the Child became international law during 1990. Its ratification was achieved in record time for a human rights treaty, and its 54 articles provided the framework for the Summit.

The most tangible success of the year was the preliminary announcement that vaccine coverage against the main killer diseases appeared to have reached 80 per cent of the world's children. Achievement of this first major UCI target by the end of 1990 includes coverage for BCG (anti-tuberculosis), and three doses of polio and DPT (diphtheria, whooping cough, tetanus). Attainment of this milestone, which together with ORT saved some 3.5 million lives during the year, is an important demonstration of what can be accomplished when national policy, political commitment and focused international support are directed to the achievement of national goals.

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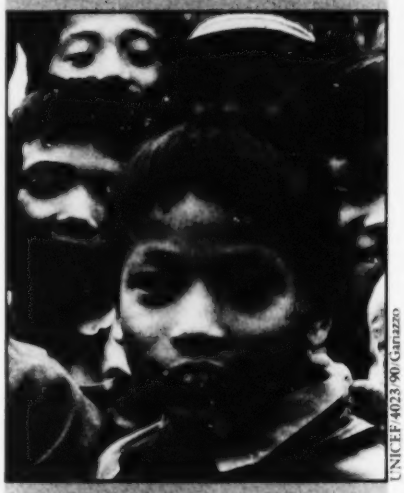
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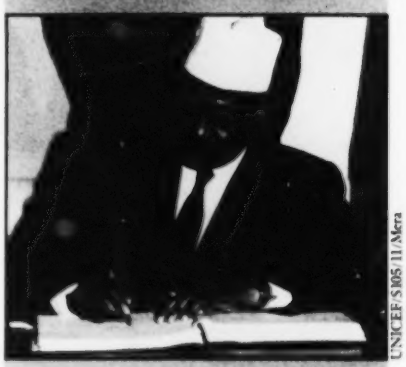
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Issues affecting children are at the forefront of the world's conscience. In 1990 world leaders made serious commitments to improve the condition of children.

The success of UCI also has major implications for the delivery of many other components of the CSD fight. Immediate beneficiaries of already established national UCI 'pipelines' include many millions of children at high risk of blindness for lack of vitamin A and mental impairment from iodine deficiency.

The International Drinking Water Supply and Sanitation Decade ended in 1990, having provided access to water supplies for an additional 1.3 billion people during the 1980s and access to sanitation services to another 750 million. Nevertheless, an estimated 1.2 billion people remain without access to safe drinking water while 1.7 billion people have no sanitary means of waste disposal. The Decade has, however, greatly shortened the odds and costs of obtaining these basic services by establishing a range of affordable technologies and effective means of delivery in rural and urban communities.

The global incidence of AIDS infection and related mortality continues to grow. The tragically familiar pattern of infection, debilitating illness and death has been most pronounced in sub-Saharan Africa but is also a major cause for alarm in the Caribbean, in Asia and in the industrialized world. It is estimated that by the end of the current decade at least 10 million infants and children will have been infected by the virus and that the vast majority of those will have died from AIDS-related illnesses by the year 2000. High rates of infection could slow and even reverse the gains in child survival rates that many African nations made during the 1980s.

Discrimination against the girl child remains entrenched in many countries, where it continues to be a serious obstacle to national development. Several reports during the year drew attention to the urgent need to pursue equal opportunities and treatment for girls, together with gender-disaggregated data as a foundation for well-targeted programming.

The agenda for the 1990s for UNICEF has thus been set by the Summit: to work at country level with every developing country towards the achievement of the goals for their children. And to work internationally and with all countries to ensure that the Summit goals become a promise fulfilled. □

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The World Summit for Children – a global event

The World Summit for Children (29-30 September) focused unprecedented public attention on the needs of children everywhere and reinforced UNICEF objectives enshrined in the Convention on the Rights of the Child.

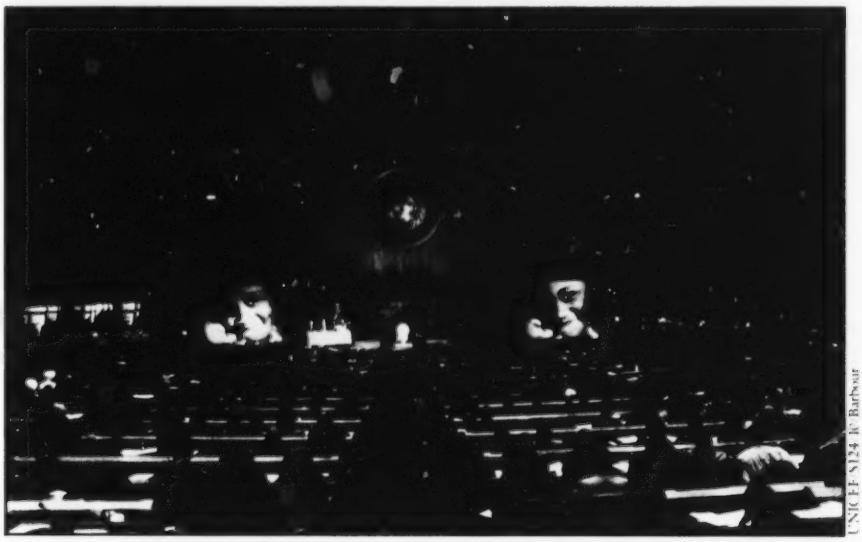
The Summit brought together the largest gathering of world leaders in history to address the daily toll of death and suffering among infants and young children.

Preparations for the World Summit were evident in all regions early in the year, and as planning and publicity for countless related activities developed, it became obvious that many world leaders and a multitude of organizations wanted to build a public and political awareness of children's needs which would endure. Given the extraordinary local and international range of political, non-governmental, multilateral, religious, public and private channels which took up the cause, there was also no doubt that the Summit would be a truly global event.

As the various national leaders made their speeches and pledges at United Nations Headquarters in New York, mini-Summits and other related events had already made their mark or been planned in other time zones.

Community summits had been convened throughout Pakistan, and nine regional summits had discussed national goals for immunization, WATSAN, and other needs in Guinea-Bissau between May and September. In Kenya, a national perspective on the Summit was published in July, followed by youth forums organized by NGOs and UNICEF. Twelve universities in India arranged a series of two-day symposia on the rights of the child to coincide with the Convention and the World Summit. Leaders from 17 youth organizations held a round table conference under the banner 'Children First' in Geneva. Nepal launched a 'jumbo' Summit campaign complete with elephant, and Iran launched a literacy campaign for two million children — most of them women and girls. Fifty delegates from 16 countries attended an Arab mini-Summit in Tunis, and in Ghana, relevant verses of the Bible and the Koran were read in churches and mosques on four consecutive Sundays and Fridays. In Osaka, Japan, 430,000 people entered a 16-kilometre race (30 September) and the Japan Broadcasting Corporation (NHK) telecast a UNICEF Summit video and a special documentary on the rights of the child. A parliamentary session devoted to the Summit was held in Bulgaria.

In Turkey, special arrangements were made for children with hearing impairments to join in Summit celebrations, and performances by children's choirs



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MAJOR GOALS FOR THE SURVIVAL, PROTECTION AND DEVELOPMENT OF CHILDREN BY THE YEAR 2000

- **Reduction of 1990 under-five child mortality rates by one third or to a level of 70 per 1,000 live births, whichever is the greater reduction;**
- **Reduction of maternal mortality rates by half of 1990 levels;**
- **Reduction of severe and moderate malnutrition among under-five children by one half of 1990 levels;**
- **Universal access to safe drinking water and to sanitary means of excreta disposal;**
- **Universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;**
- **Reduction of the adult illiteracy rate to at least half its 1990 level (the appropriate age-group to be determined in each country), with emphasis on female literacy;**
- **Protection of children in especially difficult circumstances, particularly in situations of armed conflict.**

(from *Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s*)

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THE WORLD SUMMIT FOR CHILDREN: THE COMMITMENT

Ten-point programme:

We will work to promote earliest possible ratification and implementation of the Convention on the Rights of the Child. Programmes to encourage information about children's rights should be launched world-wide, taking into account the distinct cultural and social values in different countries.

We will work for a solid effort of national and international action to enhance children's health, to promote pre-natal care and to lower infant and child mortality in all countries and among all peoples. We will promote the provision of clean water in all communities for all their children, as well as universal access to sanitation.

We will work for optimal growth and development in childhood, through measures to eradicate hunger, malnutrition and famine, and thus to relieve millions of children of tragic sufferings in a world that has the means to feed all its citizens.

We will work to strengthen the role and status of women. We will promote responsible planning of family size, child spacing, breast-feeding and safe motherhood.

We will work for respect for the role of the family in providing for children and will support the efforts of parents, other care-givers and communities to nurture and care for children, from the earliest stages of childhood through adolescence. We also recognize the special needs of children who are separated from their families.

We will work for programmes that reduce illiteracy and provide educational opportunities for all children, irrespective of their background and gender; that prepare children for productive employment and lifelong learning opportunities, i.e. through vocational training; and that enable children to grow to adulthood within a supportive and nurturing cultural and social context.

We will work to ameliorate the plight of millions of children who live under especially difficult circumstances — as victims of *apartheid* and foreign occupation; orphans and street children and children of migrant workers; the displaced children and victims of natural and man-made disasters; the disabled and the abused, the socially disadvantaged and the exploited. Refugee children must be helped to find new roots in life. We will work for special protection of the working child and for the abolition of illegal child labour. We will do our best to ensure that children are not drawn into becoming victims of the scourge of illicit drugs.

We will work carefully to protect children from the scourge of war and to take measures to prevent further armed conflicts, in order to give children everywhere a peaceful and secure future. We will promote the values of peace, understanding and dialogue in the education of children. The essential needs of children and families must be protected even in times of war and in violence-ridden areas. We ask that periods of tranquillity and special relief corridors be observed for the benefit of children, where war and violence are still taking place.

We will work for common measures for the protection of the environment, at all levels, so that all children can enjoy a safer and healthier future.

We will work for a global attack on poverty, which would have immediate benefits for children's welfare. The vulnerability and special needs of the children of the developing countries, and in particular the least developed ones, deserve priority. But growth and development need promotion in all States, through national action and international co-operation. That calls for transfers of appropriate additional resources to developing countries as well as improved terms of trade, further trade liberalization and measures for debt relief. It also implies structural adjustments that promote world economic growth, particularly in developing countries, while ensuring the well-being of the most vulnerable sectors of the populations, in particular the children.

(from *World Declaration on the Survival, Protection and Development of Children*)

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and ballets were staged in the Ankara Opera House. In Bangladesh, the Grameen Bank rural credit agency held Summit candlelight vigils in 17,000 villages for a week before the New York Summit, and the Government sponsored a three-day conference in the cap-

ital to examine child-related issues. An exhibition on 'The Rights of the Child and the Environment' was held in Greece, and mini-Summits attracted major media attention in Australia and New Zealand. A Saudi poet was so moved by the concept of the Summit that he wrote a poem which captured press attention in other Gulf countries and became the script for a Saudi TV special. UNICEF and a Jordanian NGO organized an Arab children's mini-Summit to discuss the Convention on the Rights of the Child and the need for children to live in peace.

The French National Committee for UNICEF organized a 1,000-kilometre marathon from Nice to Paris, and 300 Italian doctors met in Florence to discuss a new role for children. A message signed by some 10,000 Italian doctors was then forwarded to the Summit. A national poster competition in Mexico generated Summit images which were distributed throughout the country, and President Carlos Salinas de Gortari invited UNICEF Executive Director James P. Grant to join his Cabinet for a post-Summit discussion of future action. Mr. Grant was invited to return to Mexico every six months to help the Mexican Cabinet review progress towards the Summit's objectives. In Uruguay, President Luis Alberto Lacalle called a Summit of Mayors and Parliamentarians to analyse the needs of children there.

These and many hundreds of other national and community meetings, seminars, workshops, parliamentary debates and legislative action for children were capped one week prior to the Summit by more than 2,600 individual candlelight vigils in more than 80 countries. An estimated 1 million people lit candles in a symbolic circling of the globe which started at dusk in Antarctica and New Zealand, followed by Australia and the countries of Asia, the Middle East, Africa, Europe and the Americas. The vigils included prayers, music and dance and challenged the international community represented in New York to act urgently to save the lives of an estimated 40,000 young children who continue to die needlessly every day from preventable causes.

That challenge was accepted, and commitments were made by all participants to reduce the toll. And under the terms of the Plan of Action which was unanimously endorsed by the Summit, UNICEF now has the task of monitoring their responses. □

Child survival and development

Towards universal child immunization

Immunization coverage of infants in the developing world reached an all-time high in 1990.

It appeared very likely as this report went to press, that when complete data had been compiled, the 80 per cent UCI target for 1990 would have been achieved for BCG (anti-tuberculosis) as well as for the required three doses of polio and DPT (diphtheria, whooping cough, tetanus). Measles coverage was expected to be over 75 per cent, leaving tetanus toxoid vaccine for pregnant women or women of child-bearing age at less than 60 per cent.

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UNICEF/1915/86/Sprague

Some 3 million child deaths were prevented in 1990 – the result of an all-out effort to immunize infants before their first birthday.

By the end of 1989 a total of 43 countries had achieved their UCI goals and another 40 had managed better than 60 per cent coverage for all antigens. But given the intensified global efforts of many countries in 1990, it was expected that about 60 countries would have reached their targets, while another 15 would have succeeded for all antigens except measles. Protection against measles has almost trebled since 1981, although full coverage for infants is logistically difficult for many countries to achieve because it must be delivered while the child is between 9 and 12 months of age.

Based on this success of the immunization programme, it is estimated that close to 3 million deaths from measles, neonatal tetanus and whooping cough and 400,000 cases of poliomyelitis were prevented in 1990.

This dramatic success resulted largely from high levels of political commitment to the UCI goal. Over the past five years, more than 30 heads of State have actively led national immunization initiatives and the importance they have given to UCI was reflected in achievements which they presented to the World Summit for Children.

Developing nations made determined efforts in 1990 to increase public awareness of the need for all children to complete a basic series of immunizations before their first birthday. Nearly all countries strengthened the management of their programmes and gave special attention to the protection of vaccine potency, the sterilization of syringes and needles, and the overall quality of services. In an effort to achieve equity in their services for children many countries gave special attention to districts with high dropout rates.

The success of the global immunization programme has given many government leaders the confidence to set an even broader range of objectives for the 1990s. Immunization-related goals include the global eradication of poliomyelitis by the year 2000, the elimination of tetanus among newborn children by 1995, a 90 per cent reduction of measles cases (compared with pre-immunization levels) by 1995, and 90 per cent coverage for all antigens by the year 2000. In the past year, UNICEF and WHO have developed a

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global strategy and plans of action to achieve these goals, and many countries with already high levels of coverage have adopted them. A meeting of the Task Force for Child Survival, sponsored by UNDP, UNICEF, WHO, the World Bank and the Rockefeller Foundation, was held in Bangkok in March to review a set of goals which were later endorsed by the World Summit for Children.

With a demonstrated capacity to reach their infant populations five times in the first 12 months of life with six antigens, many countries have started to add other services at vaccination points. These include Vitamin A supplements, and where possible, additional vaccines against yellow fever or Hepatitis B.

Vaccines initiative: The potential for new and improved vaccines received considerable attention during the year. A children's vaccine initiative was launched at a meeting jointly sponsored by UNICEF and WHO in September which concluded with the 'Declaration of New York'. The Declaration by a team of international experts stated, among other things: "universal immunization will be facilitated by accelerating the application of current science to make new and better vaccines, benefiting children in all countries. These include vaccines which require one or two, rather than multiple doses; can be given earlier in life; can be combined in novel ways, reducing the number of injections or visits required; are more heat stable; are effective against a wide variety of diseases and are affordable." The children's vaccine initiative was strongly endorsed at the Summit and WHO will convene an International Consultative Group to facilitate international collaboration in the public and private sectors and generate the necessary resources.

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Maintaining current immunization levels for children and increasing coverage against measles, tetanus and other diseases will be important new priorities for health workers in the 1990s.

Control of diarrhoeal diseases

One in every three diarrhoea episodes among children under five years of age in the developing world is now treated with ORT. According to WHO, this remarkable expansion of ORT use, from less than one per cent in 1980 to 32 per cent in 1988, may have prevented as many as 1.1 million deaths from diarrhoeal dehydration in 1988.

Data compiled during the year for the period 1986-1988 suggest gains in four main areas. Global access to ORS increased from 58 per cent to 61 per cent; the global ORS use rate reached 19 per cent; annual ORS production was sufficient to produce 350 million litres of fluid globally; and the ORT use rate (for ORS or other appropriate home-made fluids) rose from 23 to 32 per cent. Seventy-five per cent of the 62 countries which were producing ORS at the end of 1989 were in the developing world, and seven of them were self-sufficient. The most impressive gains were recorded in the Africa region, where access almost doubled to 50 per cent in two years, and usage more than doubled over the same period. Access to ORS in the developing world remains highest in the Middle East, at 65 per cent.

As part of a larger effort to improve and expand assistance to CDD, a global consultation was held in New York in April to discuss trends and propose strategies for the 1990s. A report on this consultation, highlighting lessons learned and priorities for the 1990s, was circulated to all country offices late last year.

During 1990, UNICEF offices provided extensive support to national CDD programmes which now exist in 112 countries. This support has included:

- training for health workers in the correct case management of childhood diarrhoea (Angola, Bangladesh, Botswana, Djibouti, Gabon, Ghana, India, Indonesia, Lebanon, Syrian Arab Republic, Tunisia, Uganda). Serious efforts are being made in Brazil, India, Pakistan and Sudan to enlist the support of doctors as promoters of ORT. In India, UNICEF has helped the Indian Medical Association to orient more than 30,000 members on the benefits of ORT;
- training for ORT providers outside

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the health sector, in such countries as Brazil (church volunteers), Egypt and Tunisia (local government officials), Iraq (teachers, farmers, students), Nepal (scouts), Algeria and Malawi (teachers), Viet Nam (kindergarten teachers) and Uganda (traditional healers). A number of countries, including the Gambia and Thailand, are targeting pharmacists;

» help to establish diarrhoea training units. Assistance has been provided in Burundi, Comoros, Côte d'Ivoire, Madagascar, Morocco, Rwanda, Somalia, Turkey, Viet Nam and Zimbabwe. By the end of 1988, WHO estimated that there were more than 200 training units in more than 70 countries. Most are located in relatively large hospitals and are providing large numbers of staff with training in correct case management of childhood diarrhoea. UNICEF is also helping to set up ORT units in smaller health facilities (Cambodia, Congo, Gambia, Mozambique, Nigeria, Swaziland, Somalia, Yemen);

» advocacy for the use of available home fluids as well as ORS to prevent dehydration. Some of the options are: coconut water (Comoros), sorghum water (Rwanda), rice water (Lao People's Democratic Republic and Madagascar), sweet potato water (Papua New Guinea) and cereal-based mixtures (China, Ethiopia, Ghana, Zimbabwe). A number of other countries are educating mothers on the importance of giving increased fluids and continuing regular feeding during bouts of diarrhoea; continuing to breast-feed; knowing when to seek outside help (Angola, Bangladesh, Bolivia, Colombia, Djibouti, India, Indonesia, Iraq, Lebanon, Lesotho, Mozambique, Peru, Uganda, Viet Nam). Specific recommendations to improve the home management of diarrhoea emerged from a special WHO/UNICEF experts' meeting on this subject held in collaboration with Johns Hopkins University in April in Baltimore;

» assistance with the production and/or distribution of ORS in all countries. UNICEF is the main source of support for ORS production in, among other countries, Bangladesh, Burundi, Colombia, Cuba, Ethiopia, Guatemala, Honduras, Myanmar, Nicaragua, Rwanda, Somalia, Sri Lanka, the Syrian Arab Republic and Viet Nam. Special efforts are also being made to stimulate private sector production in Bangladesh, Ghana, India, Morocco, Uganda and Yemen, and these efforts will increase considerably in the next few years. Following an end-of-decade review, UNICEF assistance in this area will begin to shift emphasis from local production *per se* to broader questions of availability, quality and access;

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» promotion of the rational use of drugs. In Bangladesh, the Gambia, India, Iraq, Nigeria, Pakistan, Sri Lanka and Sudan, drugs (including both antibiotics and antidiarrhoeals) are used to treat more than 40 per cent of diarrhoea cases, sometimes in spite of official government bans on antidiarrhoeals (Bangladesh, Nigeria, Pakistan). UNICEF offices in the Middle East (Iraq, Jordan, Lebanon, Syrian Arab Republic, Tunisia, Turkey, Yemen) and in Asia (Bangladesh, India, Indonesia, Pakistan) have been particularly active in this area. During 1990, advocacy by committed groups and individuals resulted in the withdrawal of antidiarrhoeal drugs from markets in Kenya and Pakistan;

» communication activities. There was a particularly strong focus on two areas during the year. A number of countries initiated research on the behaviour, practices and beliefs of health providers and parents, and their impact on diarrhoea treatment (Bangladesh, Sri Lanka, Tanzania, Viet Nam). They are using this information to develop and improve communication efforts. In other words, there is a growing appreciation of the need for sustained behaviour change in the treatment and prevention of childhood diarrhoea. More attention was also paid to improving the interpersonal communication skills of health workers (Bangladesh, Tanzania, Viet Nam). Mass media campaigns for ORT have concentrated mainly on radio and television (Algeria, Brazil, Colombia, Djibouti, Gambia, Indonesia, Lebanon, the Gulf States);

» activities to prevent diarrhoea. Two areas which have received priority attention are the promotion of breast-feeding (Bangladesh, Brazil, Egypt, India, Indonesia, Iraq, Lebanon, Myanmar, Peru, Thailand, Yemen) and improved WATSAN facilities (Angola, Bangladesh, Bot-

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swana, Egypt, Indonesia, Iraq, Kenya, Peru, Rwanda, Sri Lanka, Tanzania, Thailand). Emphasis has been placed on improving personal and domestic hygiene in Kenya, Lao People's Democratic Republic, Lesotho and Tanzania. In Egypt, UNICEF has funded research on diarrhoea-related beliefs and practices in selected northern regions. Messages based on these findings are being refined and tested as the basis for preventive measures in 1991;

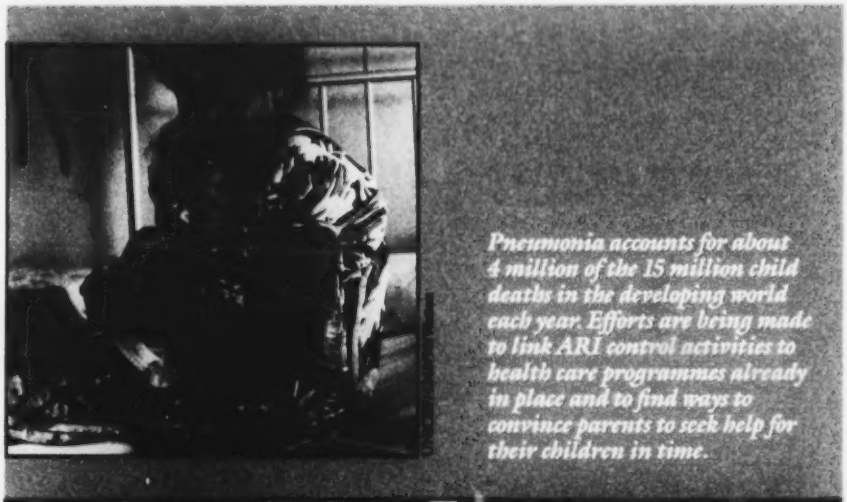
» evaluation and monitoring. In the Middle East priority is being given to the reinforcement of sentinel surveillance systems (Algeria, Egypt, Lebanon, Syrian Arab Republic, Tunisia), while in other regions the emphasis is on household and health facility surveys, as well as other methods.

Acute respiratory infections

While the incidence of pneumonia — the most severe manifestation of ARI — is between three and four per cent among children under five years of age in developed countries, it ranges between 10 and 20 per cent in developing countries and as high as 80 per cent in populations with a high prevalence of malnutrition and low birth weight. Pneumonia alone accounts for about 4 million of the 15 million child deaths in the developing world each year.

The heavy toll of ARI on young children has led an increasing number of Governments to give priority attention to this problem. Thirty-two countries, most of them in Asia and the Americas, have initiated national ARI control programmes, while another 22, including several in Africa and the Middle East, have issued guidelines for the treatment and control of these infections.

WHO and UNICEF are collaborating on a number of initiatives. The WHO/ARI programme has been reinforced at global and regional levels. Training materials for programme managers and health centre personnel have been developed. In addition, guidelines for the establishment of ARI training units, and protocols for special research and evaluation activities will be issued in 1991. WHO and UNICEF are also developing simple technologies which are essential for ARI control programmes.



Pneumonia accounts for about 4 million of the 15 million child deaths in the developing world each year. Efforts are being made to link ARI control activities to health care programmes already in place and to find ways to convince parents to seek help for their children in time.

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These include 30- and 60-second respiratory rate timers and oxygen concentrators.

As fast breathing has been identified as a key sign of pneumonia, the respiratory rate timers — costing less than US$3 each — will help health workers diagnose the disease more accurately, even under difficult, isolated conditions. The oxygen concentrators are robust, durable machines designed to treat serious respiratory disease at peripheral health facilities.

In April, WHO and UNICEF co-sponsored an experts' meeting on the home management of diarrhoea and ARI at Johns Hopkins University in Baltimore. Some 67 experts from 22 countries reviewed existing research and, for the first time, reached some consensus on the basic principles of home management.

During the year, UNICEF inputs to national ARI control efforts included:

- continued support to the development of ARI control programmes in Bolivia, the Gambia and Thailand;
- assistance in the definition of national policies and strategies in Bangladesh, Botswana, Brazil, Colombia, Djibouti, Egypt, Ethiopia, the Gambia, India, Sudan, Swaziland, Thailand and Zimbabwe;
- implementation of ARI control activities in selected regions of Brazil, Egypt, India and Sudan;
- development of communication activities, including materials for health workers (Colombia, Peru, Sudan, Viet Nam); research on ways to encourage parents to seek appropriate and timely care for children with pneumonia (Bangladesh, Bolivia, India); and the development of audio-visual materials (Oman, Sri Lanka, Turkey).

Emphasis is also being given to the integration of ARI control activities in ongoing primary health care programmes. This trend was most pronounced in West and Central Africa (Benin, Guinea, Guinea-Bissau, Mauritania, Nigeria) but was also seen in other countries, including Botswana, Saudi Arabia, Tanzania and Yemen. Efforts are also being made to link ARI control to the Bamako Initiative or to other essential drug schemes (Comoros, Lao People's Democratic Republic), and several countries expressed interest in developing pilot projects (Bolivia, Colombia, Egypt, India, Iraq, Mongolia, Tanzania, Thailand).

AIDS and children

The direct and indirect consequences of HIV and AIDS on women and children continued to escalate during 1990. HIV infection spread rapidly, and growing numbers of people affected experienced severe symptoms of AIDS or died from AIDS-related causes. This pattern of infection, debilitating illness and death was most pronounced in sub-Saharan Africa, but HIV/AIDS also remained a major cause for alarm in the Caribbean, in Asia and in the industrialized world.

During the year, the first HIV/AIDS projections relating to children were released by WHO. They indicated that, since HIV was first identified a decade ago, some 400,000 cases of AIDS had occurred among infants and children under five years of age. About 90 per cent of the victims were in sub-Saharan Africa.

WHO estimates that by the year 2000 at least 10 million infants and children will have been infected by the virus, and that the vast majority of those will have died by then from AIDS-related illnesses.

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AIDS orphans cannot afford to wait for help.

UNICEF study: In some African cities, HIV infection in the general adult population aged 15-49 has risen to more than 25 per cent, causing high mortality and the potential for increasing perinatal (mother-to-child) transmission. A UNICEF study of AIDS-related mortality among children in 10 seriously affected African countries concludes that between 1.4 and 2.7 million children will die from AIDS during the 1990s — a projection with profound implications for child mortality rates. Many children in developing countries who are born HIV-infected die by age 2, and nearly all die by age 5. It is now clear that AIDS will slow, and could even reverse, the gains made by many African nations in child survival during the 1980s.

AIDS has become a leading cause of death among African women of reproductive age, and in many countries it could claim more female lives than death from complications in pregnancy and childbirth.

AIDS orphans: Among the tragic side effects of these deaths are the growing numbers of healthy and HIV-infected children who have been orphaned. The UNICEF study estimated that there could be 3-5 million AIDS orphans in Central and East Africa alone by the year 2000. A study by the Save the Children Fund (UK) counted some 26,000 AIDS orphans in just one district of Uganda — a tremendous economic and social burden which has destabilized communities and the basic health services which they struggle to provide (*see profile*, 'Africa's AIDS orphans').

Care for these children is essentially in the hands of the extended family, but massive assistance will be necessary if the basic needs of adoptive children are to be met, especially under present economic conditions.

UNICEF is also concerned by the increasing numbers of children arriving at African health centres with HIV-related symptoms. Their illnesses resemble common child health problems but, because of HIV infection, they do not respond to standard treatments. This additional patient load is already having an impact on the ability of health centres to sustain an adequate level of preventive MCH services. The AIDS pandemic is a powerful argument

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Rakai, Uganda: "At 72 years of age Joanna Namatovu has two new families to take care of. Two of her sons have died of AIDS in the past two years, leaving her with two huts, two *shambas*, two absent daughters-in-law and two new sets of mouths to feed.

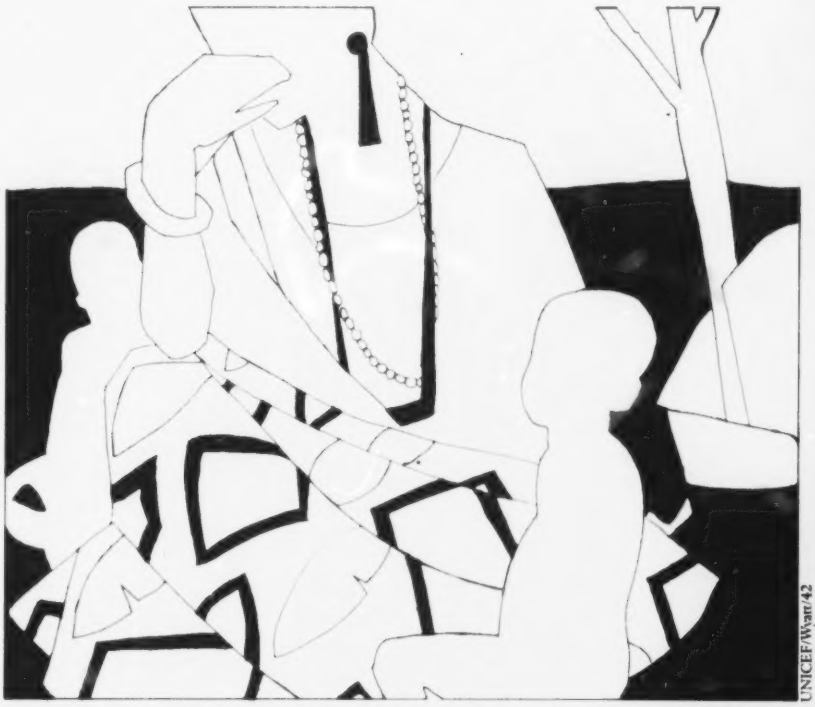
"On one side of the village are three tots ranging in age from 18 months to 6 years. Their mother left to pursue the possibility of remarriage in Tanzania. Across the ridge are five more children, the eldest of them 12 years old. Their mother is believed to be in Mbarara, married again, or about to be.

"Mrs. Namatovu needs blankets, bedding, food and clothing. More than that, she needs a rest from her struggle to feed eight grandchildren, a task in which she gets no help. She also needs some respite from the psychological burden of knowing she cannot provide school fees — the one thing which would protect the children against ignorance and despondency. She is fearful that a lack of opportunity might eventually cause them to become criminals or rebels.

"Emotionally, the children appear to be perfect candidates. Since their fathers died, they seem to have become more sullen and difficult to manage as each day passes. And yet, the scarred, tired face of their grandmother achieves a winsome, childlike quality as she teases us and laughs at our questions. She is sceptical that we can bring her any help at all."

When Dr. Susan S. Hunter wrote the above introduction to a report on the growing tragedy of Africa's AIDS orphans last year (1989), she was very much afraid that Joanna Namatovu was right. One in every four children in Joanna's village had lost at least one parent to AIDS, and many were in the care of guardians who were too old or too young to provide adequate food, clothing, shelter, care and protection. Moreover, their guardians had grown weary of researchers who counted victims but brought no relief.

"Residents of many of Uganda's districts are sick to death of being queried, questioned, poked, tested and probed", Dr. Hunter said. "They are tired of giving their time and privacy to researchers and of having their expectations raised with no resulting benefit."



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Some months after completing her report for the international journal, *Social Science & Medicine*, Dr. Hunter was engaged as a consultant by the UNICEF office in Kampala to initiate a series of activities which would strengthen local and national support for Uganda's AIDS orphans.

The Kampala office had received US$280,000 from the new UNICEF Interregional AIDS Fund in June in response to a proposal to help develop the capacity of NGOs and the Ministry of Relief and Social Rehabilitation to work together.

Among other things, this money is being used to:

- develop a national NGO association to promote community-based assistance to vulnerable children;
- help the Ministry plan, monitor and co-ordinate its activities. A permanent database is being established to help identify priorities which might be addressed through NGOS;
- help develop a co-operative NGO-UNICEF research programme which will identify community-based interventions for the nation's most vulnerable children and particularly those orphaned by AIDS. Current and planned research includes a community coping study and a nutrition and health evaluation of children in the two areas of Uganda most affected by AIDS.

The basic premise for these activities — the first of their kind in Africa — is that the problems faced by AIDS orphans are similar to those of many other children in especially difficult circumstances and should be addressed accordingly.

Government and other agencies in Uganda are anxious to avoid the stigmatization or isolation which AIDS orphans might experience if they were identified in a special category. The activities which Dr. Hunter is developing are therefore based, in part, on the previous experience of UNICEF in helping the orphans of Uganda's civil war.

Dr. Hunter's study for the Save the Children Fund (UK) estimated that 12.8 per cent of the children under age 18 in the Rakai district — some 26,000 children — had been orphaned by AIDS. The study predicted that the situation would worsen, and a number

of politicians said they were afraid that traditional extended family support mechanisms would be overwhelmed by the needs of these children.

AIDS mortality among Uganda's adult population has risen steeply in the past five years, and the Save the Children study suggests there could be as many as 1.2 million orphans nation-wide — a number predicted to almost double in the early part of the next century.

This projection is in keeping with UNICEF projections on AIDS mortality figures for nine other sub-Saharan African countries, which suggest there could be as many as 5 million AIDS orphans in the region by the end of the current decade.

Uganda is the only country in the region which regularly reports on the prevalence of HIV infection and AIDS mortality, and it has also been the first to recognize the needs of its burgeoning population of orphans. In that sense, it has a head start on its neighbours, although researchers note that statistical data is extremely limited. Under-enumeration in those villages visited by field workers ranges from 5 to 50 per cent, suggesting that studies have only covered the tip of an iceberg. UNICEF is hopeful, however, that the special activities now being developed in Uganda will provide a framework for action in neighbouring countries as well, as recognition of the problem grows.

"There have been some positive developments in Uganda", says Dr. Hunter. "Things are happening very quickly. Many NGOs have moved into Rakai and other districts since UNICEF called attention to the needs, and there is a deep spirit of co-operation which will ensure that people get the help they need."

Just how soon they will get that help, however, is a question neither Dr. Hunter nor her colleagues in Kampala can answer. There are few resources available, and those in need cannot afford to wait.

Joanna Namatovu and other elders in her small village explained their situation to Dr. Hunter in this way: "From Friday to Sunday we go to funerals. We work on Monday to pay for the barkcloth (Uganda's traditional shroud), then go to another funeral on Tuesday. Wednesday and Thursday we work. On Friday it starts all over again."

for accelerated efforts to strengthen PHC services overall.

Prevention: During the year the UNICEF AIDS Prevention Programme continued to work closely with the WHO Global Programme on AIDS to develop strategies against the disease, to raise global awareness of its implications for women and children, and to support country programmes.

At country level, the main UNICEF focus is on education for AIDS prevention. At little or no cost, AIDS prevention components have been built into ongoing projects to train health workers or to support EPI. Facts for Life has contributed to this effort, and the Bamako Initiative in Africa will provide a channel for the distribution of drugs, and protective equipment, while also mobilizing community support for AIDS prevention and treatment.

Local assistance: UNICEF has supported the inclusion of AIDS prevention education in primary and secondary school curricula and has provided technical assistance for curriculum development, the production of teaching materials, and the training of teachers and administrative staff. Countries receiving this help include Burkina Faso, Burundi, Ethiopia, Malawi, Rwanda, Tanzania, Uganda and Zaire. In Rwanda, Uganda and other countries, UNICEF is supporting the evaluation of AIDS messages in schools.

Africa: The experience of UNICEF with women and children who are victims of war, famine and other emergencies has been valuable in addressing the indirect consequences of AIDS.

In Uganda, UNICEF has supported AIDS orphans through training, support for NGOs, and funding for operational research into long-term care for affected children.

In Zaire and many other African countries, UNICEF works with the Society for Women and AIDS in Africa to train and equip volunteers who provide home-based care to AIDS patients.

In Rwanda, and elsewhere in Africa, UNICEF supports studies on the impact of AIDS on families and children and helps to develop alternative means of support for the victims.

The news from a number of countries in Asia, the Caribbean and Central America was also disturbing.

Asia: In India, HIV infection has become entrenched in urban areas of New Delhi, Bombay, Calcutta and Madras, with infection rates as high as

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70 per cent among some groups of female prostitutes.

UNICEF has supported a knowledge, attitudes and practices study on sexually transmitted diseases in India, and is adding a second phase to develop communications for AIDS/STD control. The second phase will focus on prostitutes, drug users and street children.

In Thailand, the Ministry of Health estimated that at least 50,000 people were infected with HIV virus, and it is expected that there will be more than 10,000 cases of AIDS before 1995.

UNICEF has focused most of its inputs in Thailand on six provinces with the highest infection rates. It has been helping to:

- develop AIDS training materials and courses for village health volunteers and communicators;
- organize AIDS workshops for district officials and training seminars for secondary school teachers;
- strengthen AIDS counselling.

UNICEF also sponsored a Thai delegation to attend the International Conference on Homeless Youth and AIDS, held in San Francisco on 25 June.

Caribbean and Central America: The AIDS case rate is higher in some parts of the Caribbean than in Africa. The total number of persons with AIDS, however, is smaller because the populations of Caribbean nations are much smaller than those of most African nations.

In many Caribbean countries, children make up 10 per cent of the total AIDS cases, and the risk of infection among teenagers is high because of sexual activity at an early age.

One Central American study showed that rates of HIV infection among prostitutes were almost 45 per cent.

In the English-speaking Caribbean region, UNICEF has integrated AIDS education with other ongoing programmes to reduce child abuse, sexual abuse and teen-age pregnancy. During the year it also:

- made AIDS a prominent part of a parliamentarians' symposium on the rights of the child;
- co-sponsored a BBC radio production on AIDS in the Caribbean;
- sponsored an innovative education programme for women in 19 rural areas of Trinidad and Tobago. The programme was in response to a high incidence of perinatal HIV transmission.

Guinea worm disease

Every year, guinea worm disease brings months of crippling pain to almost 3 million people in 19 African countries and parts of India and Pakistan. During this period, as the worm works its way out of the body, victims are unable to work in the fields or to attend school. Harvests are lost and the learning and future earning potential of the young are undermined.

There is no medical treatment for guinea worm, but the disease can be prevented relatively easily and at low cost, making eradication possible in the 1990s.

Guinea worm disease (dracunculiasis) is transmitted by human contamination of drinking water. The microscopic cyclops which carry the guinea worm larvae inhabit shallow pools and step wells which are common sources of drinking water. On entering the human body, the white thread-like female worm grows to about a metre in length and yields as many as 3 million larvae. As the mature worm passes out of the body through a burning blister, usually in the lower leg, the larvae are ejected with it. If the victim enters village water sources during this period, the larvae are dispersed and the cycle is repeated. Victims do not develop immunity and repeat infections are common.

With health education and safe water supplies, guinea worm disease can, however, be eliminated from a community within a few years. Larvae can be destroyed by boiling drinking water or by treating it with chlorine, iodine or a safe chemical larvicide. If chemical treatment or boiling is impractical, villagers can still protect themselves by filtering their drinking water through fine cloth or nylon gauze.

As a first step towards eradication, UNICEF is supporting national surveys to identify the affected villages. It is also working with UNDP, WHO, the Carter Center, Global 2000 and the U.S. Centers for Disease Control in Atlanta, among others, to help countries develop national plans of action. The plans are based largely on surveillance, education and priority provision of clean water to guinea-worm endemic areas. An Operations Research Network has also been been established to focus attention on remote villages where rates of infection are usually highest.

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Together with immunization, growth monitoring continues to be a linchpin of mother and child health care.

Primary health care

With the global success of the immunization programme, and the growing acceptance of ORT, there has been a noticeable increase in demand for responses to ARI and malaria. There has also been growing interest in safe motherhood: the goal of UNICEF and its partners to reduce maternal mortality in each country to 50 per cent of the 1990 rates by the year 2000 was among objectives supported by heads of State at the World Summit for Children.

With these and many other regional issues demanding attention, it is evident that the most cost-effective approach would be to integrate them with other mother and child health needs.

The global economic climate continued to deteriorate during the year, and it is clear that the sustainability of national health programmes in the developing world can only be achieved through integrated PHC structures. Against this background it has been encouraging to note the acceptance of the Bamako Initiative in sub-Saharan Africa and positive experiences with its application in Benin, Guinea, Kenya, Nigeria, Rwanda and Sierra Leone.

A resurgence of malaria in sub-Saharan Africa, parts of Asia and in some countries of Latin America has become a major threat to public health, particularly of children. Several countries of sub-Saharan Africa (Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Malawi, Mozambique, Nigeria, Tanzania, Zaire) have identified malaria as a major cause of childhood morbidity and mortality.

UNICEF has sponsored projects in the Gambia, Sri Lanka, Tanzania and Viet Nam to popularize the use of mosquito-proof bed nets which have been impregnated with the insecticide permethrin. In the Gambia, communities are involved in the treatment of their own bed nets and have been shown how to deal with potential breeding grounds for mosquitoes. They have also been urged to take prophylactics, and to ensure that infected patients get adequate treatment. This operations research is conducted with the Gambian Government and the British Medical Research Council.

An early evaluation of the Gambia project indicates that in areas where the treated bed nets were used, the incidence of malaria among children during the peak season was cut by 50 per cent. When the nets were combined with the use of a prophylactic (Maloprim) the approach was 95 per cent effective against malaria. The report also suggested there had been confusion in diagnoses between malaria and ARI in infants — a finding which strengthens arguments for the integration of health services.

UNICEF co-sponsored regional safe motherhood meetings in Lahore (February) and in Harare (October) and is a partner with UNFPA, WHO, the World Bank and several bilateral aid agencies and NGOs in a task force for safe motherhood.

UNICEF supports training programmes for birth attendants and community health workers, and helps Governments with the supply of obstetric kits and sterilizers for field use. Among those trained with UNICEF assistance during 1990 were:

- paramedics in India;
- trainers in the fields of obstetrics, paediatrics, nursing and health education in Saudi Arabia;
- community health workers in Kenya, etc.

A family health education project was launched in Bahrain, and a successful community health education project in Mairat Zeyed will be replicated nation-wide in the United Arab Emirates.

The incidence of tuberculosis has risen, as expected, in countries affected by AIDS, posing an additional threat to child survival gains in those nations. AIDS prevention and control is being integrated in a training programme now being finalized under the safe motherhood initiative, and is being given special attention elsewhere. It will eventually also have to be amalgamated in a PHC package.

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The PHC concept has broadened to include responses to ARI and malaria, which are major causes of childhood morbidity and mortality in the developing world.

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The Bamako Initiative

African nations represented at the Pan African Conference on the Financing of Community Health Activities, organized by the WHO Regional Office for Africa in collaboration with UNICEF and held in Kinshasa, Zaire, in June, once again stressed the importance of the Bamako Initiative for PHC delivery.

More than 150 African experts attended the Conference and adopted a Declaration urging the mobilization of increased national and international resources for the Initiative. UNICEF itself has in the last three years provided over US$20 million, mostly from general resources, for the preparation of country plans and initial implementation.

Twelve countries — Benin, Burundi, Cameroon, Equatorial Guinea, Guinea, Kenya, Mali, Mauritania, Nigeria, Rwanda, Sierra Leone and Togo — constitute the core group of Bamako Initiative countries. Several of these have already made significant progress with health delivery systems based on the Initiative. Their financial capacity for delivery has been strengthened through community management of services, and the utilization of their health services has risen. Experience has shown that people have a greater incentive to invest in public health systems if they have greater control over the use of the resources employed. In Guinea, the level of community financing is now one and a half times that of local expenditures, which include the resupply of essential drugs.

In countries such as Mauritania, where communications are difficult and transportation to health facilities expensive, early indications are that the Initiative may significantly reduce household expenditures, particularly on travel and time lost, through providing appropriate village-level coverage of most health needs.

Operations research is a fundamental element of the Initiative in many countries, and is providing a clearer picture of health costs and behaviour. It has highlighted such problems as the high incidence of self-medication in Sierra Leone. Monitoring systems are being introduced or strengthened in each country to track changes in access, utilization and financing. In Cameroon, comparisons are being made between those sites that have implemented the Initiative and others that have not. This more sustained approach to operations research has been facilitated by linkages with the national capacity building programme, which is co-ordinated by the International Child Development Centre in Florence.

The core group of 12 African nations currently implementing the Initiative is expected to grow to 18 during 1991, and an additional 9 countries are already well advanced with their preparations. Based on progress to date, the Initiative is now viewed as a principal post-Summit strategy for revitalization and strengthening of the basic health delivery system that is essential for achieving many of the health goals of the '90s. Relevant to this has been the fact that in both Benin and Nigeria areas implementing the Initiative have been able to accelerate immunization action more rapidly than other surrounding areas.

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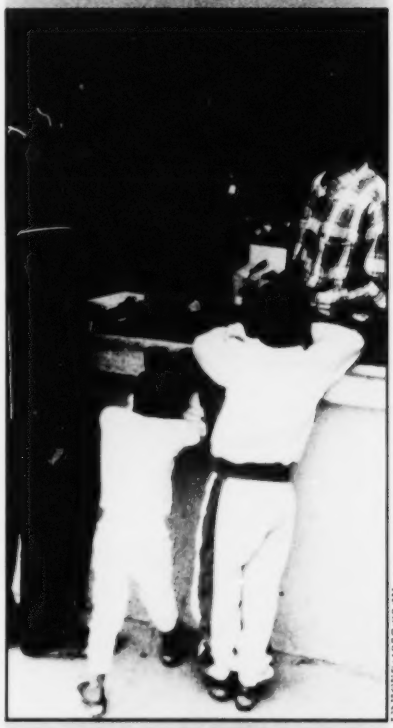

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Knowledge of the Initiative's success has led to the assessment and adaptation of its basic principles in six other countries outside sub-Saharan Africa. They are Maldives, Myanmar, Nepal, Peru, Sudan and Viet Nam.

In Maldives, Myanmar and Nepal, interest in the Initiative stems largely from the search for a delivery approach that would ensure a higher quality of care in the peripheral health system, including the availability of essential drugs. An assessment of the relevance of the Initiative to Peru has focused on the need to develop a partnership between the health care delivery system and women's organizations already active in health promotion. Work is under way to introduce the Initiative in six districts of Viet Nam, and Sudan has completed a proposal for two districts.

Nutrition

The Executive Board at its 1990 session approved a new strategy to focus UNICEF country support programmes more closely on nutrition.

Improved nutrition is one of the major goals for the 1990s endorsed by the World Summit for Children and is also one of the main concerns in the Convention on the Rights of the Child. The new nutrition strategy provides a framework for linking many of the supporting goals in health care and education to this major goal.

The new strategy recognizes the poor as key actors in poverty reduction programmes, rather than as passive beneficiaries of services. Instead of proposing a predetermined 'package' of technical interventions, the strategy outlines an approach to support different levels of society, to increase their capacity to *assess* and *analyse* the nutrition situation and to design affordable and sustainable *actions* to reduce malnutrition.

The 'AAA approach' identifies three

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Checking children's growth is not in itself a guarantee of good nutrition – mothers are often in need of timely advice.

necessary conditions for nutritional status to improve:

» adequate household food security;

» adequate health services and a healthy environment;

» adequate maternal and child care.

The strategy is already yielding promising results in Ecuador, Peru, Mali and Tanzania, and the view that sound nutrition is a product of positive social processes has been borne out by experiences in area-based programmes in Bangladesh, Malawi, Mali, Mozambique, Namibia, Peru, Rwanda and Zaire.

Growth monitoring is closely linked to improved nutrition, but experience has shown that too often the most vital aspect of growth promotion has been neglected. The actual counselling of the mother is more important than the physical weighing of the child and requires a very high level of commitment and knowledge on the part of community workers. An evaluation of country experiences is currently under way in China, Ecuador, Indonesia, Malawi and Zambia, and a final report will be available in 1991.

A comprehensive training package has been developed to help UNICEF staff promote and use the new nutrition strategy in programme preparation, implementation and monitoring. About 70 staff from 25 countries have already completed their training, and similar courses will soon be extended to government and NGO staff.

Preparations started during the year for an International Conference on Nutrition to be held in Rome in December 1992. The Conference is being organized by FAO and WHO, with the support of the Sub-Committee on Nutrition. UNICEF has been active in the conceptual planning for the Conference and is working with other agencies in the Sub-Committee to help developing countries prepare for the event. UNICEF is also participating in preparations for the International Decade on Food and Nutrition in Africa (1991-2000).

Household food security: This received continued attention in 1990 at both global and country levels. At the international level, the new nutrition strategy provides an excellent base to redefine the concept of household food security and its relationship to nutritional outcome and other underlying causes of malnutrition, such as structural adjustment programmes.

Direct support for food production at household level, often closely tied to support for women's groups and improved access to credit and tools, has continued in a number of countries, including Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, the Pacific Islands, the Philippines, Tanzania, Viet Nam and Zaire.

In Namibia and other countries of southern Africa, UNICEF has provided key technical support to the analysis of the food security situation at household level. Collaboration in this area has continued with the World Bank, Harvard and Cornell Universities, USAID and the Food Studies Group of Oxford University.

Food and nutrition surveillance: Experience has shown that nutritional data can be collected at relatively low cost through health systems, local authorities or communities, or as a component of household surveys. Within its country programming activities, and working with FAO and WHO under the umbrella of the Inter-agency Food and Nutrition Programme, UNICEF substantially increased its activities in the area of food and nutrition surveillance at country, regional and international levels.

At the country level, UNICEF has provided funding for projects in Bangladesh, Bolivia, Botswana, China, Ecuador, Ethiopia, Madagascar, Malawi, Tanzania, Venezuela, Viet Nam and Zambia, among other countries. Activities included designing national food and nutrition surveillance systems (Ecuador); identifying food-vulnerable areas and groups (Madagascar); implementing nutrition modules (Tanzania, Zambia); analysing nutritional data in order to examine trends and to develop a basis for policy recommendations (Bangladesh).

Regional activities in 1990 included a workshop on Food and Nutrition Surveillance for Lusophone Africa. The workshop was held in Maputo, Mozambique, to help strengthen nations' capacity to plan and carry out effective nutrition surveillance. It was attended by representatives from Angola, Cape Verde, Guinea-Bissau and Mozambique. Similar workshops were held for Eastern and Central Africa in Kinshasa, Zaire, and for the Americas in Chile, in close co-operation with PAHO. A national workshop on food and nutrition surveillance was held in Egypt with technical and financial assistance from FAO. □

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Fusagasugá: In a bright, airy schoolhouse near the heart of this small Colombian coffee town, 52 schoolchildren aged between 5 and 12 are in the front line of a war on rural illiteracy. They are students of 'La Escuela Nueva', Colombia's 'New School' programme, which has rewritten the book on primary school education to tackle problems which confront thousands of small rural communities throughout the country. The challenges, which are familiar in much of the developing world, include the need to remove urban biases from school curricula by introducing learning materials that are relevant to rural lifestyles; reduce the cost of training and deploy teachers effectively; actively involve communities and parents in their children's education; and reconcile traditional teaching methods and school schedules with children's competing obligations to help at home or in the fields.

The New School in Fusagasugá is a working model of those ideals. With its freshly painted classrooms, its wall maps, craft materials and library corner, it is a unique reflection of the needs, values and interests of the people who live here. Most are farmers and most grew up with little if any formal education, working beside their parents as soon as they were old enough. There is an expectation that today's generation will also share the family work-load, although little by little this tight-knit community, just one and a half hours drive north from the nation's capital, is breaking from that mould.

The New School teaches reading, writing and arithmetic, but its learning structure and methods are non-traditional. The children's workbooks and reading materials, and the examples which teachers include in their lessons, are tailored to the local scene and lifestyle. The teachers — Aura Cruz, for grades 1-3 and Eduardo Sabojan, for levels 3-5 — have been trained to explore the community and to learn its history, its proverbs, folksongs and legends associated with the region's culture. Parents are invited to participate in school activities, and because Aura and Eduardo have gathered so much news of neighbourhood affairs, through compiling community maps, a family information register and calendars of agricultural events, it is hoped the school will be seen as a community resource worth supporting.

In addition to the four basic study areas in the New School — natural science, mathematics, social studies and language — there are lessons in civic education and democracy. There is a school government, and the children have formed committees to manage the school garden, the library and sports programmes. Elections are held every month for a school president, vice-president, secretary and committee representatives. Last October, a girl from the fifth grade, Majerli Cruz, was school president, and two thirds of the other elected officers were also female, although only just over half the students are girls.

There are also lessons in child survival, covering health, sanitation and nutrition. Students are encouraged to share the concepts they learn in class with younger siblings and parents.

Flexibility is a hallmark of the New School programme. Ferne Pérez lost five weeks of schooling last year when his parents kept him at home to help on the farm, but when he returned to school he was able to pick up his lessons where he left off and not repeat the year. Ferne and other students learn at their own pace, using self-instructional study guides. The teacher circulates among them, encouraging, stimulating and providing individual attention when needed.

Another feature of the programme is its cost. Colombia could not easily afford to provide traditional schooling, with a classroom, teacher and books for all five primary grades, in communities where there are relatively few school-age children. The New School approach, which was first fostered by UNESCO in the 1960s, therefore provides an opening to education, which otherwise would be denied.

Teachers at Colombia's New Schools are trained to guide students through their learning materials rather than transmit knowledge. As soon as teachers are familiar with the curriculum they are taught to adapt it to the environment and the level of each child. On graduation, each teacher receives a library of 100 books which cost the Government just

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US$225. Every student is given a study guide which covers four years of study in the four main subjects of the national curriculum.

Study guides can be adapted to regional and local needs, and are designed to enable teachers to manage more than one grade at a time. They are ordered sequentially so that the progress of a motivated student need not be unduly handicapped by a less qualified teacher, and they are 'open-ended' in the sense that a gifted teacher can enrich the lessons contained in them.

More than 18,000 of Colombia's 28,000 rural schools currently follow the New School approach, and the Government hopes to extend the programme to all remaining schools by 1992.

The challenge to literacy in Colombia is formidable. The enrolment rate in rural areas ranges from 60 to 81 per cent, depending on the province, and about 55 per cent of students drop out between first and second grades, leaving the average rural child with just 1.7 years of formal tuition. Between 1968 and 1983, only one in every five children entering first grade completed all five years of primary education.

Results from the New School approach, however, have been promising. Surveys have shown that 89.3 per cent of teachers believe its innovative concepts to be superior to traditional methodologies, and in tests in socio-civic behaviour, self-esteem, mathematics and Spanish language, New School students have scored higher than those in traditional rural schools.

The World Bank has selected the New School as one of the developing world's three best experiences in the application of innovative primary education techniques, and delegations from 13 Latin American and two African countries (Equatorial Guinea, Senegal) have visited Colombia to study its programme. Venezuela is in the process of establishing its own Escuela Nueva.

The Colombian programme is funded by the Government with a loan from the World Bank, and UNICEF helps with materials and training for administrative staff. UNICEF and NGOs, including the Save the Children Federation, are also promoting its introduction to other countries of Latin America and the Caribbean.

Basic education

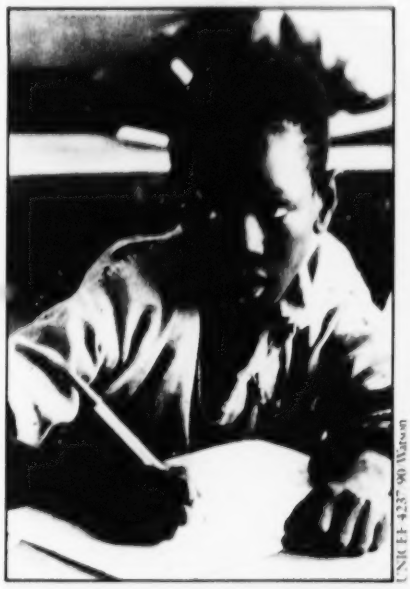
The World Conference on Education for All, held in Jomtien, Thailand, in March, gave participating countries an opportunity for a critical review of their education systems and a redefining of their goals and strategies. UNICEF assisted many countries in these endeavours and advocated strongly for universal primary education, with emphasis on education for girls and women, early childhood development and non-formal education for those who cannot go to formal schools. UNICEF advocacy and support have been for universalization of basic education through both formal and non-formal education as appropriate in each country and regional situation.

In some countries, including Algeria, Iran and Turkey, UNICEF co-operation with Ministries of Education started after the Jomtien Conference. It is significant also that the spirit of Jomtien was reflected in new programmes of co-operation in some of these countries, especially with regard to the education of girls and women.

UNICEF programme co-operation in basic education has been mostly catalytic, but following the Conference and the World Summit for Children, activities in many countries have facilitated some reordering of priorities in country programmes for the next cycle.

UNICEF support for early childhood development has continued in many countries, most notably in Côte d'Ivoire, Ghana, Lesotho and Mauritius, where it constitutes the only major UNICEF involvement. Other activities in this area include the development of home-based stimulation and development (Colombia, Venezuela), the provision of equipment (Myanmar, Viet Nam), teacher training for day care (Caribbean nations, Nepal, Sudan), needs assessment studies for child care (Malaysia, Republic of Korea, Sri Lanka) and parent education programmes (Bolivia, Haiti, Philippines).

Non-formal education: About 40 per cent of school-age children either do not have access to formal schooling or drop out before completing the primary level. UNICEF has been addressing the need for non-formal education and the needs of girls in particular. In sub-Saharan Africa and South Asia, UNICEF has also been focusing on curriculum reform, teacher training and the provi-



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sion of education materials for primary grades.

The girl child: The education of girls and the need to increase their enrolment and retention rates in formal and non-formal schools have been a major focus in the SAARC and MENA regions. Communications efforts have emphasized the education of girls and women as the cutting edge of women's development, and a number of Governments during the year showed new or renewed resolve to deal with this issue. In Bangladesh, the Government declared that the education of girls would be free to grade 8, and that all new primary-level teaching recruits would be female. In Djibouti, the Prime Minister committed himself to a goal of 80 per cent literacy for females under age 25, by 1995.

Adult literacy: UNICEF continued its support for adult literacy programmes with special attention to the qualitative improvement of teaching and learning materials, training and social mobilization (Benin, Botswana, Burundi, Kenya, Liberia, Malawi, Tanzania, Zimbabwe). Literacy programmes for women have been linked to skill-training and income-earning opportunities in a number of countries. China has combined functional literacy classes with vocational training for young girls. Sri Lanka has combined vocational, marketing and credit management training with literacy activities. Pakistan and many other countries have incorporated literacy and functional education in development programmes for women.

Lessons on health, nutrition, the environment and sanitation have been included in health education in Benin, Egypt, Mali, Mauritania, Uganda and Zaire, among other countries. In Latin America, *Facts for Life* has been adapted to incorporate the psychosocial component of child development in health and nutrition education. CSD messages have been disseminated through Islamic learning institutions.

Innovation: Among the innovative approaches which UNICEF continues to support are the Escuela Nueva in Colombia *(see profile,* 'A New School for Fusagasugá'), BRAC schools for older children in Bangladesh, mobile schools with multigrade teachers in the Philippines, education for teachers and students via television and radio in China, India and the Maldives, and education for peace and conflict resolution in Lebanon, Mozambique and Sri Lanka.

An *ad hoc* UNICEF Education Advisory Committee met in New York in July to discuss UNICEF's role and strategies in the achievement of the goal of education for all, and it was agreed that staffing in the education sector should be strengthened at regional and country levels. An effort has been made to develop a training package in basic education for UNICEF staff, and orientation sessions were held for representatives and senior staff in West Africa, East Africa, the Middle East and Latin America.

Inter-agency collaboration: Collaboration among agencies was strengthened at the policy level following the Jomtien Conference. The heads of the four sponsoring organizations — UNDP, UNESCO, the World Bank and UNICEF — met in New York (July 1990) and in Washington, D.C. (January 1991). All four agreed to increase their financial support for the principal Conference objectives.

The UNESCO-UNICEF Joint Committee on Education (JCE) held its second meeting in Paris (26-27 October), and efforts are being made to improve co-ordination of the agencies' implementation of Conference recommendations. Agreement was reached on major priority areas for joint action. □

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UNICEF/4162/90/Sprague

Educational opportunities for women exist in formal or non-formal settings.

Water supply and sanitation

The International Drinking Water Supply and Sanitation Decade ended in December 1990, leaving an estimated 1.2 billion people with unsafe water supplies and 1.7 billion without sanitary means of excreta disposal. UNICEF estimates it will cost about US$36 billion a year to service their needs by the year 2000 — roughly 3.5 times the current rate of expenditure.

The UNICEF cost projection assumes that WATSAN services will be provided through a judicious mix of appropriate and conventional technologies, combined with those programme approaches which were proven effective during the 1980s. In general, the use of low-cost technologies such as handpumps, gravity-fed water supply systems and ventilated pit latrines will be concentrated in rural and low-income urban areas. Conventional, higher-cost technologies, including sewered waste disposal and domestic water connections, will be used in central urban areas.

By directing technology options in this way, the overall cost of service delivery can be significantly reduced. The vast majority of people without services today live in rural and low-income urban areas, and the UNICEF costing model indicates that the needs of 80 per cent of them could be covered with just 30 per cent of the projected expenditure if appropriate technologies are used.

UNDP has estimated that any attempt to achieve universal coverage by conventional means alone would cost US$50 billion a year — a prohibitively expensive proposition under present economic circumstances.

Even with a more conservative budget however, UNICEF and other agencies in the WATSAN partnership face a formidable challenge. If targets for the 1990s are to be achieved, delivery rates for safe urban and rural water supply will have to be increased by 2.5 and 1.5 times respectively. To achieve universal sanitation coverage, the rate of delivery will have to increase by factors of 3 and 4 in urban and rural areas respectively.

To help prepare for the new decade, UNICEF held a week-long orientation and training seminar for about 60 heads of WATSAN sections or units at Loughborough University, UK (July, 1990). It is hoped that networking and improved monitoring will keep managers better informed of the sector's performance and allow for systematic corrective action where necessary.

UNICEF 3940/90 Sprague

UNICEF 4076/90 Watson

Appropriate technologies and improved hygiene education can significantly reduce the cost of providing safe water to those who lack it.

UNICEF has also identified a number of other key aspects requiring priority attention during the 1990s. Among them are new programme approaches to sanitation and hygiene education; the development of government counterpart institutions; technical co-operation among developing countries; cost-awareness; the linkage of water and sanitation to socio-economic as well as health concerns; cost-sharing; and user involvement in programme management.

Sanitation: Global recognition of a severe deficit in sanitation services has brought an urgent call for more resources in this area. While about one third of the world's population is without safe water, 43 per cent do not have access to sanitary means of waste disposal. And when most developing countries are examined individually, this disparity between water and sanitation coverage is even greater.

Experiences contained in country reports add dimension to the issues involved: UNICEF offices in Benin, Cambodia, Djibouti, Pakistan and Zaire lament that the sanitation component of their programmes is lagging, while the office in Zimbabwe believes better promotion could help alleviate the problems; in Jamaica efforts are under way to make sanitary waste disposal more accessible by reducing the cost of the VIP (ventilated improved pit) latrine; from Guinea there are reports that government budgeting does not normally include sanitation; Sudan's sanitation targets have been met but the Government says this component is not very popular.

Linkages: Several countries, including Bangladesh, Burundi, Cape Verde, Indonesia, Lao People's Democratic Republic, Pakistan, Sierra Leone, Solomon Islands, Sudan, Tanzania, Thailand and Vanuatu, are attempting to exploit the relationship between WATSAN and CDD. It has been well established by the London School of Hygiene and Tropical Medicine and other sources that acute forms of diarrhoeal diseases are a 'water-washed' rather than a water-borne problem and that the availability of water is more important than its quality.

About 19 countries in Africa and two

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in Asia are affected by guinea worm disease (dracunculiasis), but India and Pakistan are close to eliminating it. All of the affected countries have WATSAN programmes. Health education coupled with safe water supplies is the principal weapon available.

Although trachoma is fairly widespread in Asia, the Middle East and Africa, only Viet Nam reported on it during the year, claiming that despite treatment with drugs, the incidence remains high because of a weak linkage between countermeasures and the WATSAN programme. Trachoma is another 'water-washed' disease which can be prevented through hygiene education and plentiful water for washing of the face in particular.

The linkage with nutrition is also strong. Studies in Bangladesh (1989) and Lesotho (1988) indicate that the nutritional status of children from households with latrines is significantly better than for children from households without (*see profile*, 'Latrines for Limakeng'). Programmes in Central African Republic, Chad and Mauritania link water supply with simple irrigation of domestic vegetable gardens.

Community participation: Several country offices, including those in Angola, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, India, Indonesia, Lao People's Democratic Republic, Nicaragua, Niger and Sudan, report varying degrees of success with active user-involvement, mostly through management committees which act for the community at large in the areas of planning, maintenance and cost-sharing.

Maintenance: One of the main obstacles to the sustainability of WATSAN systems is their maintenance, although in recent years an increasing number of countries have improved their capacity through community involvement, cost-sharing mechanisms and the training of women caretakers. Recent surveys show an increasing number of countries reporting more than 75 per cent of UNICEF-assisted systems (mostly handpumps) to be in working order. Benin and Indonesia report an 80 per cent functioning rate; Cambodia, 95 per cent; Egypt, 96 per cent; Sudan, 90 per cent; and Uganda, 75 per cent. Uganda reports, however, that the effective rate for systems outside project areas is only 27 per cent. Liberia maintains that 50 per cent of its caretakers are women and that 85 per cent of its systems are functional.

DECADE UPDATE

The International Drinking Water Supply and Sanitation Decade (January 1981-December 1990) did not achieve its principal goal of universal access to water and sanitation, but it did make very significant inroads on the needs in this sector.

It introduced workable development models and approaches, helping to bring safe water to an additional 1.3 billion people and sanitation facilities to an additional 748 million people.

Global coverage in both areas rose to new levels as follows: urban water (82 per cent), rural water (63 per cent), urban sanitation (72 per cent) and rural sanitation (49 per cent).

Private sector: Several countries have documented the role of the private sector. When Bangladesh raised its output targets, the private sector rose to the occasion by stepping up production of PVC pipes and promoting sanitation services. The current WATSAN budget allocation in Bangladesh is the nation's largest since independence 18 years ago. Pakistan reports a rapid growth in private sector activity following the introduction of the Afridev handpump. Myanmar encourages private engineers to become involved in the construction of gravity-fed systems, and Egypt invites private firms to train staff for the maintenance of mechanized systems.

Innovations: Cambodia and the Gambia have set up computerized databases for the monitoring of water systems. Uganda has established special district bank accounts to facilitate local water source development, and in Kenya it is now accepted that cost-sharing funds and monies from user charges can be held at local level. In the Philippines province of Negros, streamlined project management and capacity building activities slashed the per capita cost of one water supply project by more than 50 per cent.

Technological developments: A number of new or improved technologies have showed promise over the past year. Bangladesh is testing a deepset (30 metres) modified Tara handpump. Viet Nam is testing a slow sand filter for surface waters which are pumped by hand, and Cambodia has upgraded five manual drilling rigs at a cost of US$6,000 each. The rigs are capable of drilling between 22 and 25 boreholes a month. The Afridev handpump is now being manufactured in Malawi, and Nigeria has also recommended local manufacture of the pump. After extensive testing, Nigeria is also recommending local manufacture of the India Mark III. Locally manufactured PVC risers for the Mark III are being tested in 120 locations in Nigeria. India Mark III handpumps have been installed in Mbarara, Uganda, on an experimental basis.

TCDC: Several countries benefited from South-South contacts during the year. Uganda shared experiences with 11 other African countries at a workshop in Kampala (August); Bangladesh held a CDD training workshop for 32 Asian participants (January); a Sri Lankan device for removing iron from groundwater is being adopted in Viet Nam; a group from Pakistan visited Thailand and Bangladesh to study approaches to sanitation programming; and six education personnel from Cambodia toured parts of India to study local experience in the field of hygiene (March).

Inter-agency collaboration: At headquarters level, UNICEF intensified its interaction with UNDP, WHO and the World Bank, and with DTCD, UNCDF and UNIFEM. In several cases, the results of that activity will be seen in a complementarity of country programming. Monitoring and annual reporting during the 1990s will be an important framework for UN agencies, NGOs and bilaterals, to co-operate with government evaluations. The ongoing collaboration of UNICEF with the International Reference Centre (IRC) for Water and Sanitation, The Hague, Netherlands, resulted in a joint document on rainwater harvesting in Africa.

Latrines for Linakeng

Linakeng, Lesotho: A visitor to this small rural village is immediately struck by at least two features of the place: the neat uniformity of its mud brick and straw housing and the absence of working males. It is mainly the women who keep the village going, who till the fields and who manage day-to-day affairs. In most households, at least one able-bodied man is away in South Africa, working in the mines.

Mpho Makhetla, like the majority of her friends and neighbours, accepts double duty as mother and household custodian as a fact of life. She has six children, three of them under five years of age, and she sees her husband just three times a year for short intervals. Her mother helps to care for the children while she works in the fields, and when money is short Mpho brews a little beer for sale. Most of her wheat and corn harvest is for home consumption.

Although Mpho is the effective head of the household for most of the year, her decision-making is ultimately limited by her husband's wishes. She receives small bank remittances while he is away but most of his earnings travel home with him on vacation.

For the past year, Mpho has been quietly campaigning by letter to have some of those earnings reserved for a major home improvement — a simple VIP (ventilated improved pit) latrine. About half the families in Linakeng have one, and there is general agreement in the village that their children are healthier as a result. Moreover, the publicity given to pit latrines in Lesotho has made them something of a status symbol, and Mpho has been urging her husband to take up the project on his next visit.

The investment in a latrine is significant — as much as US$150 in a country with an average income of US$370 a year — but a rural sanitation programme introduced by UNDP, UNICEF and the World Bank in 1983 lends money to families for two years at an annual interest rate of 11 per cent, and Mpho is confident her husband will see the merit of the project.

The construction of VIP latrines in Linakeng and other villages in Lesotho is usually contracted through health clinics, which also advise on fair prices for the work. The sanitation programme provides training for local builders whose names are posted when they have completed the course. The latrines consist of a rectangular pit and four concrete slabs — two to cover the pit, one for the seat, and one to support the back wall. The exterior is usually constructed from local materials.

UNICEF Wyatt 44

Given the shortage of male workers in Lesotho it is not surprising perhaps that one in four of the builders is a woman, but Litoko Motebang, a former district health assistant responsible for the programme in Linakeng says that women builders are also less likely to drop out of the programme than men and are excellent communicators and sales agents for their products.

The rural sanitation programme has expanded steadily since its introduction seven years ago. It now has the additional support of British, Irish, Swiss and other bilateral agencies and is being implemented through the national Rural Development Department and the Ministry of Health. The programme is operating in eight of the nation's 10 districts where it focuses on villages like Linakeng which have already developed reliable water supply systems. Health assistants are employed by the programme not only to motivate villagers to purchase latrines but also to couple their use with better health and hygiene practice.

In Linakeng, the public health nurse at the village clinic has been concerned at the frequency of diarrhoea among Mpho's children, but she is encouraged by Mpho's determination to do something about it. The incidence of diarrhoeal illnesses in Linakeng has been cut by 25 per cent in those households with VIP latrines, and a recent study found that when better sanitation was combined with the use of greater quantities of water for personal hygiene, the diarrhoea rate could be lowered by a further 30 per cent. Water is pumped into Linakeng from hillside springs which assure villagers of at least 20 litres per person per day, so the stage is set for some rather significant health gains — provided that migrant male workers like Mpho's husband share their wives' priorities.

At field level, several countries report co-operation between UNICEF and other UN agencies.

Monitoring and evaluation: Eight country offices completed in-depth evaluations of WATSAN activities during the year. They were Bangladesh, Ethiopia, Indonesia, Mauritania, Myanmar, Sudan, Thailand and Viet Nam.

Research and development: The Rhône Poulenc Santé Foundation has developed a system to iodize village water supplies. Slow release capsules inserted in a borehole can provide sufficient iodine for 1,000 people for a year at a cost of about US$125. More people can be served simply by increasing the number of capsules, to the limits of the borehole capacity. The system has been tested on 400,000 people in Mali. One half of the sample received iodized water while the other half was supplied with iodized oil capsules. The iodized water was less expensive but the system is still being field tested.

Global effort: During 1990, UNICEF co-operated with 90 countries in WATSAN projects or activities. The financial input was US$82 million (against a planned estimate of $87 million). Over the previous three-year period (1987-1989), annual inputs to the sector in total, and as a percentage of total UNICEF programme expenditures, were: US$64.9 million (18 per cent); US$69 million (17 per cent); and US$76 million (15 per cent).

Of the 90 countries with UNICEF-assisted WATSAN projects or activities, 39 are in Africa, 21 in Asia, 22 in the Americas and the Caribbean, and 8 in the MENA region.

Approximately 104,058 water supply systems were completed during the year, including 94,494 drilled/dug wells and handpumps, 1,808 standpipes, and 7,756 other types, including rainwater collection and protected springs. About 19,961,800 people benefited overall.

Also completed in 1990 were 677,681 sanitary excreta disposal facilities which benefited about 4,362,400 people. □

UNICEF/90/Murray-Lee

Concern for the environment has revealed the many links between development issues addressing children and women and the natural world that sustains all development.

UNICEF/3480/90/Sprague

Sustainable development — the environment

The UNICEF Executive Board decided in 1989 that environmental considerations were essential to the sustainability of UNICEF activities, and several country programmes reflected that concern in 1990.

In Kenya, UNEP and UNICEF are examining ways in which ongoing CSD activities can benefit the environment and involve children in the effort.

UNICEF offices in Brazil and Chile are co-operating with NGOs and government to help formulate environmental policies and programmes.

Nepal has comprehensive environmental projects covering 5,000 subsistence-level families, and the Philippines has plans for an integrated approach to environmental problems that are due to natural disasters as well as pollution and over-exploitation.

Madagascar is engaged in multifaceted environmental projects, while some other countries are focusing on specific areas of concern. Ethiopia is concentrating on community tree nurseries run by women; Benin on school education and tree planting; Cape Verde on rainwater collection. Bhutan, Mozambique, Sri Lanka and Sudan are involved in the development of fuel-efficient stoves. Turkey has started to upgrade environmental activities in concert with its UBS programme.

UNICEF is also co-operating with preparations for the United Nations Conference on Environment and Development to be held in Brazil in 1992. Activities include supporting the preparation of national reports and situation analyses. □

29

Urban basic services

Half of the world's poor will live in cities by the turn of the century, and the objectives of the 1990 World Summit Declaration will only be met if their children's needs are specifically targeted.

UNICEF/3937/90/Sprague

The impact of urban poverty is reflected in these neglected and malnourished faces.

During 1990, there were indications from all regions that Governments accepted the need to improve their services for the urban poor. A growing number of country programmes contained provisions for urban components to address the worst manifestations of poverty and neglect; a significant number reflected the special concerns of UNICEF in such areas as immunization and basic education. Many also recognized the growing urban malnutrition problem of CEDC, with children either on the streets, working, abused or affected by armed conflicts.

Among the examples:

- About 50 per cent of the urban population in Ethiopia is now covered by UBS, and UCI has been achieved in Addis Ababa. Malawi has promoted growth monitoring in urban areas, while Mozambique has pursued UCI in the cities. The Côte d'Ivoire and Kenya also established urban programmes during the year. Sudan will embark on a new UBS programme in Khartoum in 1991, and Angola has included an urban component in its new country programme.
- Most Latin American country programmes address severe urban problems through UBS and/or CEDC projects. Colombia has three UBS projects. Costa Rica, Ecuador, Guatemala, Panama, Uruguay and Venezuela all have ongoing UBS projects. In the Caribbean, Jamaica has recently initiated a combined CEDC/UBS project.
- In Asia, Bangladesh, Indonesia, Pakistan, the Philippines, Sri Lanka and Thailand have set up UBS programmes, and in India, a UBS programme has been adopted as a national policy and programme by government and local authorities. The Kathmandu office reports rapid progress in projects in two cities in Nepal.
- Turkey has initiated UBS in Antalya, a major city on the south-east coast, and expects to expand services in squatter areas. □

Childhood disability

The past year added fuel to a new wave of international concern that the development, protection and overall quality of life enjoyed by children should be pursued as a natural extension of their survival. The rights of disabled children to special care, education and training are spelled out in article 23 of the Convention on the Rights of the Child, and were further reinforced by the Declaration of the World Summit for Children in September.

UNICEF has continued to focus on prevention, early detection and CBR for many millions of children who become disabled each year, at birth, or as a consequence of the brutality of war and other human conflicts.

Causes of disability: Some 3 million children under five years of age are seriously disabled each year by diseases which can be prevented by immunization, but if the UCI goal of 80 per cent coverage against measles, poliomyelitis, tetanus and pertussis (whooping cough) is realized by the end of 1990 this toll could be substantially reduced.

About 500,000 young children lose their sight every year because of Vitamin A deficiency, and within two weeks of becoming blind about two thirds of them die. UNICEF-assisted programmes in seriously affected countries work through women's groups to provide mothers with information on sound nutrition, together with Vitamin A capsules for their infants.

Almost 800 million people are at risk of iodine deficiency disorders. About 200 million of them have developed goitre, and 3 million — mostly children — suffer from impaired mental functions and cretinism. UNICEF encourages the iodation of edible salt, and supports the provision of iodated oil injections or capsules in more than 20 countries.

Victims of armed conflict: About 20 per cent of the population aged 15 years and younger in the developing world lives under 'especially difficult circumstances', as victims of armed conflict, natural disasters or broken family support systems. For every child killed in wars over the past decade, three more have been wounded or physically disabled, and an estimated 10 million have been psychologically traumatized by their experiences.

The first phase of a study by UNICEF and Rehabilitation International on the women and child victims of armed conflict was completed in 1990. Specialists in orthopaedics and trauma studied the situation of these children in Angola, El Salvador, Mozambique and Nicaragua

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and among Afghan refugees in Pakistan. Their reports will be studied by a technical group, as well as a working group within UNICEF, before they are released.

The case-load of child victims of armed conflict is of staggering proportions. In Afghanistan alone, more than 1 million people have been killed during 12 years of fighting and almost half that number again have been disabled. About 100,000 of the physically disabled are children, while tens of thousands of others have suffered severe emotional distress. The lives of countless other Afghan women and children and relief workers remain threatened today by as many as 30 million explosive mines and booby traps which have been set by combatants within the country.

In the past year, countries and areas of the Middle East, including Djibouti, Iran, Iraq, Jordan, Kuwait, Lebanon, the Syrian Arab Republic and the Occupied Arab Territories, have experienced some combination of armed conflict, refugee influxes, natural disasters or harsh economic adjustment programmes, with devastating effects on their child populations. UNICEF has sponsored comprehensive radio and television campaigns in all of these countries to promote preventive health measures such as immunization, oral rehydration, breast-feeding and the early detection of disability.

In the Lao People's Democratic Republic, where war ended in 1975, children continue to be maimed by concealed anti-personnel mines, particularly in areas along the former Ho Chi Minh Trail. UNICEF is working with NGOs which are involved in bomb removal and assistance to the victims. UNICEF is also involved in programmes for children and families at risk in the Philippines, and in Sri Lanka, where a training manual is being prepared for people who work with traumatized children.

Community-based rehabilitation: New or expanded CBR programmes have been established in Cambodia, China, Guatemala, India, Mozambique, Nepal, Pakistan, Sri Lanka and Yemen. Cambodia has asked for supplementary funding to expand its programmes to 10 new locations. India has successfully transferred financial responsibility for a number of projects to NGOs and governmental agencies, and Guatemala has focused attention on disabled women.

Long-term policy issues: Countries such as China, Egypt, India, Iraq, Kenya and Pakistan have focused on long-term policies for the development and protection of their disabled. China is concentrating on training, monitoring and evaluation. Myanmar has singled out rehabilitation, and Kenya is focusing on policy development.

Parent associations: In El Salvador, Guatemala and Nicaragua, UNICEF is supporting national associations for parents with disabled children. These bodies are important centres for advocacy, social mobilization and action.

Other developments: There are just two years remaining in the United Nations Decade of Disabled Persons (1983-1992) but the pace of new initiatives for disabled children has not

UNICEF/3938/90/Sprague

UNICEF/90/Chaiken

Millions of children become disabled each year. UNICEF continues to focus on the prevention, early detection and rehabilitation of these young victims.

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slowed. During 1990:

- The Asia and Pacific Regional Conference of Rehabilitation International, October 26-31, 1990 in Beijing, China, urged UNICEF to give higher priority to the special needs of disabled children in its future programming. Stress was placed on the need to sensitize the public to children's needs, to support NGOs and information activities and to back organizations of disabled persons as a means of developing self-reliance.
- UNICEF proposed to the Meeting of Experts on Alternative Ways to Mark the End of the United Nations Decade of Disabled Persons, held in Finland, 7-11 May, that a Task Force for Disabled Children and Women be established by 1992 to develop a sustainable implementing mechanism for the remainder of the decade. The Task Force, similar to the one on child survival, could consist of representatives from UNCSDHA, UNDP/IMPACT, UNESCO, UNFPA, UNHCR, UNICEF, WHO, the World Bank, Rehabilitation International, some bilateral agencies such as CIDA, SIDA, USAID and organizations of disabled people. The proposal was approved by the meeting and details of this Task Force are being worked out.
- UNICEF expanded its focus on the needs of children in Eastern Europe and completed a study and emergency assistance plan for the children of Romania. The study found: "All institutionalized Romanian children who were visited by the UNICEF mission in August 1990 show signs of neglect, inadequate stimulation and insufficient education. Twenty to thirty per cent show signs of moderate to severe malnutrition. In many cases it is impossible to differentiate children whose delayed development and failure to thrive as the result of parental deprivation and 'hospitalism' from those with congenital or metabolic problems. The majority of children are 'social orphans' whose parents, due to poverty, illness, abuse or immaturity, are unable or unwilling to provide care. Some are not abandoned, but are temporarily left in institutions while parents gather resources or otherwise cope with current problems. Screening and diagnostic procedures to assure more appropriate treatment and placement of children have been haphazard and periodic re-assessment seldom takes place." □

Children in especially difficult circumstances

Generous supplementary funding, including a US$8 million contribution from the Netherlands Committee for UNICEF, enabled UNICEF to support projects for working and street children in many more countries in 1990. Local private fund-raising has also paved the way for programme expansion in a number of countries. In Brazil, one of the earliest programmes for street children, the national movement for street children, is entirely financed from local resources.

Programmes for street children are under way in 17 countries of Latin America, and many, including those of Brazil, Guatemala, Honduras and Mexico, are growing to national scale. Other regions are also using country and regional exchanges to learn from the Latin American experience. The national movement for street children in the Philippines started with UNICEF-sponsored study tours to observe programmes in Brazil. Street children projects in Kenya, and, more recently, Nigeria, also have links to the Latin American experience.

During the year, UNICEF helped the African Network for Protection and Prevention of Child Abuse and Neglect (ANPPCAN), the Unduggu Society, and Environmental Development in the Third World (ENDA) to organize conferences on street children in East and West Africa. The conferences arranged by these NGOs were similar to the Asian Regional Conference for Street Children organized by Childhope in 1989. In addition, UNICEF helped the International Association of Schools of Social Work to organize a workshop for curriculum development on street children in connection with its biannual congress in Lima, Peru, in August.

Child labour: Although child labour is a much larger problem than street children, it is less visible, and only a few countries have asked for UNICEF assistance in this area. They include Brazil, Egypt, the Philippines, Thailand and Venezuela. In each of these countries, UNICEF has helped Governments and NGOs to investigate and expose child labour, and to initiate programmes which provide protection, non-formal education and services to working children. UNICEF is working with NGOs such as Child Workers in

UNICEF/3799/89/Keny

UNICEF/14776/Edinger

UNICEF/3849/89/Keny

Programmes for working and street children were expanded.

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Under-five mortality rate (U5MR) and number of births

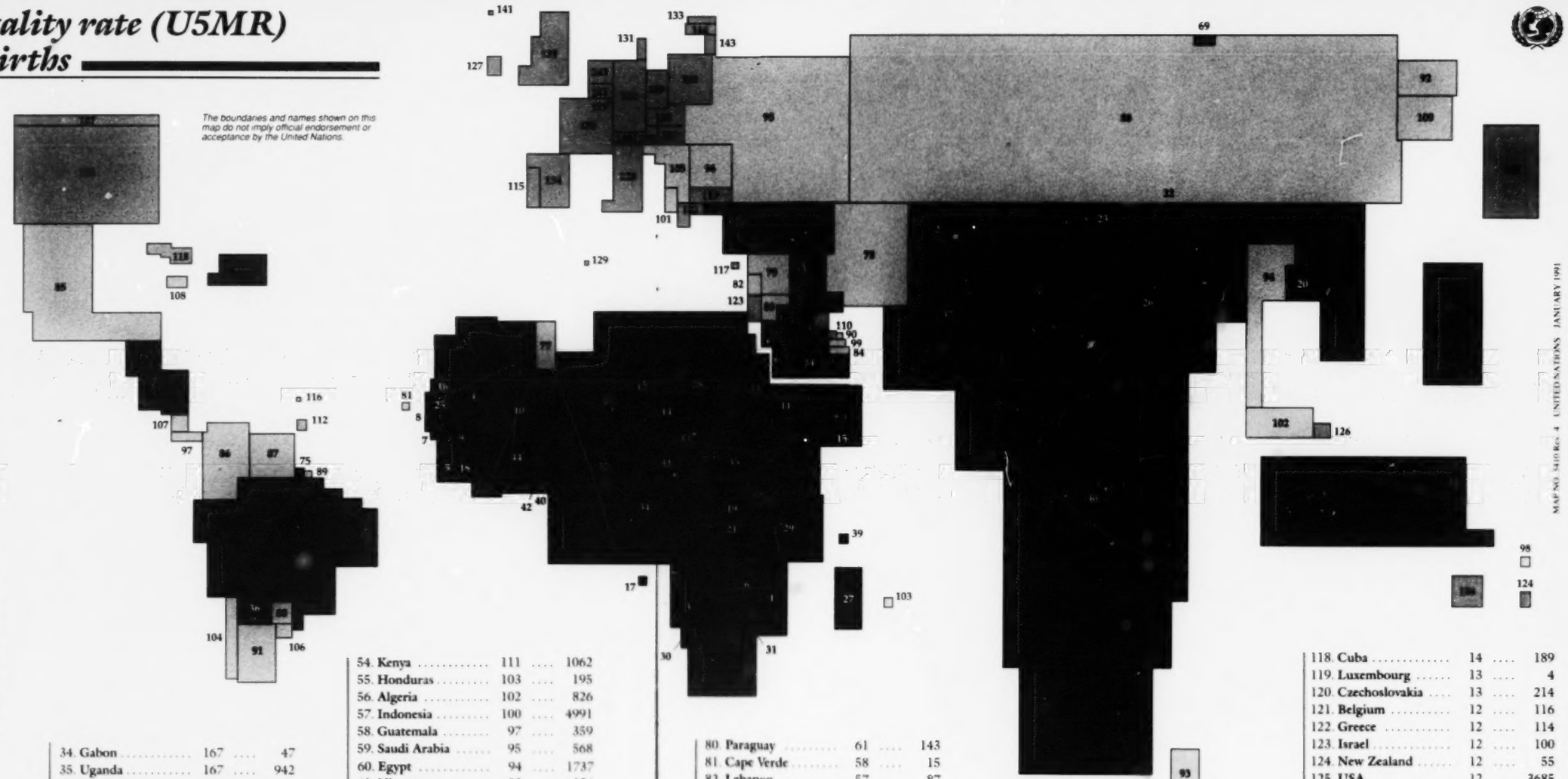
The under-five mortality rate (U5MR) is a new index developed by the UN Population Division, with UNICEF support. U5MR is the number of children who die before the age of five for every 1,000 born alive.

On this cartogramme the size of the country is determined by the number of births and the shadings depict the U5MR as follows:

- Very high U5MR countries (over 140)
- High U5MR countries (71-140)
- Middle U5MR countries (21-70)
- Low U5MR countries (20 and under)

The countries on this cartogramme are listed in descending order of their 1989 under-five mortality rate.

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.



MAP NO. 3410 Rev. 4 UNITED NATIONS JANUARY 1991

	U5MR	Number of births (thousands)
OVER 140		
1. Mozambique	297	683
2. Afghanistan	296	776
3. Angola	292	460
4. Mali	287	456
5. Sierra Leone	261	195
6. Malawi	258	475
7. Guinea-Bissau	250	40
8. Gambia	241	39
9. Guinea	241	284
10. Burkina Faso	232	412
11. Ethiopia	226	2383
12. Niger	225	387
13. Central African Rep.	219	134
14. Chad	219	245
15. Somalia	218	358
16. Mauritania	217	91
17. Equatorial Guinea	210	15
18. Liberia	209	118
19. Rwanda	201	356
20. Cambodia	200	324
21. Burundi	196	254
22. Bhutan	193	57
23. Nepal	193	721
24. Yemen	192	587
25. Senegal	189	321
26. Bangladesh	184	4659
27. Madagascar	179	532
28. Sudan	175	1083
29. Tanzania, U. Rep. of	173	1329
30. Namibia	171	76
31. Swaziland	170	35
32. Nigeria	170	5083
33. Djibouti	167	18
34. Gabon	167	47
35. Uganda	167	942
36. Bolivia	165	302
37. Pakistan	162	5452
38. Lao People's Dem. Rep.	156	181
39. Comoros	155	25
40. Benin	150	221
41. Cameroon	150	547
42. Togo	150	153
43. India	145	26071
44. Ghana	143	644
71 – 140		
45. Côte d'Ivoire	139	575
46. Haiti	133	230
47. Lesotho	132	70
48. Zaire	132	1574
49. Zambia	125	417
50. Peru	119	633
51. Libyan Arab Jamahiriya	116	191
52. Morocco	116	855
53. Congo	112	102
54. Kenya	111	1062
55. Honduras	103	195
56. Algeria	102	826
57. Indonesia	100	4991
58. Guatemala	97	359
59. Saudi Arabia	95	568
60. Egypt	94	1737
61. Nicaragua	92	154
62. Myanmar	91	1204
63. South Africa	91	1097
64. El Salvador	90	184
65. Turkey	90	1566
66. Zimbabwe	90	389
67. Iraq	89	770
68. Botswana	87	61
69. Mongolia	87	76
70. Brazil	85	4127
71. Ecuador	85	333
72. Viet Nam	84	2016
73. Papua New Guinea	83	128
74. Dominican Rep.	80	215
75. Guyana	73	21
76. Philippines	72	1980
21 – 70		
77. Tunisia	66	242
78. Iran, Islamic Rep. of	64	1756
79. Syrian Arab Rep.	62	535
80. Paraguay	61	143
81. Cape Verde	58	15
82. Lebanon	57	87
83. Jordan	55	152
84. Oman	53	65
85. Mexico	51	2446
86. Colombia	50	870
87. Venezuela	44	577
88. China	43	24580
89. Suriname	40	12
90. Qatar	37	11
91. Argentina	36	667
92. Korea, Dem. People's Rep. of	36	513
93. Sri Lanka	36	360
94. Thailand	35	1137
95. USSR	35	5214
96. Romania	34	357
97. Panama	33	62
98. Fiji	32	20
99. United Arab Emirates	31	33
100. Korea, Rep. of	31	639
101. Albania	30	74
102. Malaysia	30	556
103. Mauritius	29	19
104. Chile	27	307
105. Yugoslavia	27	339
106. Uruguay	27	54
107. Costa Rica	22	81
108. Jamaica	21	56
20 AND UNDER		
109. Kuwait	20	53
110. Bahrain	19	13
111. Poland	18	596
112. Trinidad and Tobago	18	33
113. Bulgaria	17	111
114. Hungary	17	119
115. Portugal	16	134
116. Barbados	15	4
117. Cyprus	14	13
118. Cuba	14	189
119. Luxembourg	13	4
120. Czechoslovakia	13	214
121. Belgium	12	116
122. Greece	12	114
123. Israel	12	100
124. New Zealand	12	55
125. USA	12	3685
126. Singapore	12	49
127. Ireland	11	65
128. Italy	11	554
129. Malta	10	5
130. Austria	10	86
131. Denmark	10	57
132. Germany, Fed. Rep. of	10	668
133. Norway	10	52
134. Spain	10	457
135. United Kingdom	10	788
136. Australia	9	246
137. Canada	9	363
138. France	9	761
139. German Dem. Rep.	9	204
140. Switzerland	9	78
141. Iceland	8	4
142. Netherlands	8	192
143. Finland	7	61
144. Sweden	7	113
145. Japan	6	1341

UNICEF currently co-operates in programmes in 128 countries: 44 in Africa; 34 in Asia; 35 in Latin America; 14 in the Middle East and North Africa; and 1 in Central and Eastern

UNICEF programmes are approved for multi-year periods. Those recommendations being proposed to the 1991 Executive Board session are indicated in colour and should be regarded as tentative.

UNICEF programme expenditure in different countries is allocated according to three criteria: under-five mortality rate (U5MR: annual number of deaths of infants under five years of age per 1,000 live births); income level (GNP per capita); and the size of the child population.

	1990-91: $10,000,000
Algeria	1991-95: $3,750,000
Angola	1991-95: $11,000,000
Argentina	1991-95: $3,750,000
	mid-1988-mid-93: $65,000,000
	1990: $100,000
	1990: $98,000
	1990-94: $4,455,000
	1986-91: $2,850,000
	1989-93: $5,270,000
	1990-94: $2,500,000
	1990-95: $9,552,000
Burkina Faso	1991-92: $5,000,000
	1989-92: $6,000,000
Cambodia	1992: $3,000,000
Cameroon	1991-95: $4,900,000
	1990-94: $1,500,000
	1989-93: $3,000,000
	1990-94: $7,500,000
Chile	1991-95: $3,750,000
	1990-94: $62,000,000
	1989-92: $6,168,000
	1990-94: $1,500,000
	1988-92: $2,225,000
	1990: $50,000
	1990-91: $3,143,000
	1990-94: $700,000
	1989-93: $1,500,000
	1988-91: $2,001,000
	1988-92: $3,439,000
	1990-93: $2,250,000
	1990-94: $17,000,000
	1988-92: $2,889,000
Equatorial Guinea	1991-95: $2,500,000
	mid-1988-mid-93: $45,000,000
	1990: $50,000
	1987-91: $1,064,000
Ghana	1991-95: $11,625,000
Guatemala	1991-92: $1,500,000
Guinea	1991-95: $9,250,000
	1989-93: $1,500,000
	1990-94: $1,600,000
	mid-1990-mid-95: $7,305,000
Honduras	1991-95: $3,750,000
India	1991-95: $175,000,000
	1990-95: $62,450,000
	1990-95: $2,500,000
	1990-95: $2,850,000
	1990-94: $1,500,000
	1990-94: $2,500,000
	1989-93: $15,000,000
	1989-92: $1,050,000
	1990-93: $1,400,000
	1987-91: $4,810,000
	1990-91: $1,000,000
	1987-91: $2,570,000
Liberia	1991-92: $1,500,000
	1990-94: $12,500,000
	1988-92: $9,150,000
	1989-91: $1,250,000
	1990-94: $1,500,000
	1989-93: $13,500,000
	1989-93: $2,405,000
	1990-94: $1,500,000
	mid-1990-95: $8,050,000
Mongolia	1991-95: $2,500,000
	1987-91: $9,050,000
	1990-95: $27,900,000
Myanmar	1991-95: $25,000,000
Namibia	1991-92: $1,375,000
	1988-92: $17,500,000
	1990-94: $2,700,000

(1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

(2) In addition – 1990-94: total of $2,400,000 for Palestinian women and children.

(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

(4) Financed from interregional funding only in 1990: Barbados, Belize, Costa Rica, Gabon, Panama, Seychelles, Suriname, Trinidad and Tobago, and Uruguay.

(5) Romanian emergency programme currently funded only from supplementary funds.

Europe.

Niger	1990-94: $7,500,000
Nigeria	1991-95: $65,000,000
Oman	1991-95: $3,750,000
Pacific Islands [b]	1988-92: $3,250,000
Pakistan	1988-92: $35,000,000
Panama [a]	1990: $250,000
Papua New Guinea	1988-92: $2,540,000
Paraguay	1989-93: $1,640,000
Peru	mid-1987-92: $5,950,000
Philippines	1991-93: $12,300,000
Romania [b]	
Rwanda	1988-92: $6,000,000
Sao Tome and Principe	1991-95: $2,500,000
Senegal	1987-91: $7,479,000
Seychelles [a]	1990: $50,000
Sierra Leone	1991-95: $6,250,000
Somalia	1988-92: $8,060,000
Sri Lanka	1989-93: $5,300,000
Sudan	1991-95: $25,000,000
Suriname [a]	1990: $50,000
Swaziland	1991-95: $2,500,000
Syrian Arab Republic [b]	1991-95: $2,500,000
Tanzania, United Rep. of	1987-91: $23,825,000
Thailand	1989-93: $12,500,000
Togo	1990-94: $4,250,000
Trinidad and Tobago [a]	1990: $50,000
Tunisia	1992-96: $3,750,000
Turkey	1991-95: $10,000,000
Uganda	1990-95: $22,800,000
Uruguay [a]	1990: $295,000
Venezuela	1991-95: $3,750,000
Viet Nam	1991-95: $40,000,000
Yemen	1987-92: $11,750,000
Zaire	1991-92: $12,400,000
Zambia	1991-95: $7,360,000
Zimbabwe	1992-96: $6,000,000

Asia, DCI and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). It also works closely with ILO to develop training materials and publications which can stimulate action. Both UNICEF and ILO joined forces with ISPCAN and DCI to organize an International Seminar on Child Labour in Amsterdam on 27-30 August. The seminar drew 120 participants, 90 of them from developing countries. UNESCO and UNICEF are also co-operating on projects to provide non-formal education for working children and are encouraging the adaptation of formal education systems to make them more relevant to working children's needs.

Children in armed conflict: Many children continue to be maimed and traumatized in areas of armed conflict. While continuing its programmes for the child victims of war in the Horn of Africa and in southern Africa, in 1990 UNICEF was also drawn into meeting the needs of children caught in new emergencies in West Africa and the Middle East. UNICEF staff in these areas responded creatively, and often at risk to their personal safety, to deliver emergency assistance and sustain basic services under frustrating and often dangerous circumstances.

The 'corridors of peace', negotiated for Operation Lifeline Sudan, were reopened during the year and efforts are continuing towards similar agreements in Ethiopia. 'Days of tranquillity' were once again observed in El Salvador to allow for the immunization of children on both sides of that conflict. These initiatives are seen by many to have implications beyond the immediate needs of children.

UNICEF offices in Central America, Mozambique, the Philippines and Sri Lanka have developed projects to identify and help children who have been psychosocially traumatized by armed conflict. These efforts were reviewed in a workshop on the effects of violence on children in Central America in March.

Country programmes in Afghanistan, Angola, Cambodia and Mozambique are facing a transition from the provision of emergency assistance to rehabilitation and long-term development, as conflicts there appear to be nearing resolution.

During the year, UNICEF expanded its support for peace education and summer camps that integrate children from opposing factions in Lebanon (*see profile*, 'Education for Peace'). The experience was an inspiration for those involved as well as for other countries. It was a reminder that children are the future and that peace in the future must start with peace in children's lives today. □

UNICEF/Chassen/90

Women gain credit in Nepal

Bartandi, Nepal: Mrs. Tamang and her husband were pioneer settlers in this hillside village when it was established about 160 kilometres south-west of Kathmandu 18 years ago. The Government provided them with a small parcel of unirrigated land, and they joined their neighbours in the construction of small mud-walled houses with traditional thatch roofs. The land was too poor to support them, however, and they both worked as agricultural labourers during the peak season.

When they arrived in Bartandi the Tamangs owned four cows and two goats and clothed themselves by borrowing from a local money-lender at 25 per cent annual interest. They soon fell behind, however, and as the family grew their children were often hungry.

In 1986, Mrs. Tamang joined a group of six other people and approached the Credit Programme for a loan. The Rastriya Banijya Bank accepted the group as reliable co-guarantors, and Mrs. Tamang was able to secure 2,500 rupees (about US$83) — a significant sum considering that the family income the previous year had been just 800 rupees. The loan enabled Mrs. Tamang to buy seven goats. The animals multiplied and by the end of 1988 she was able to sell six full-grown males for 6,000 rupees and keep eight goats for herself. She paid off her debts with interest, and bought a buffalo.

The experience encouraged Mrs. Tamang to take out a new loan of 4,000 rupees and buy more livestock, giving the family a total of four cows, one ox, one buffalo and 15 goats — a source of livelihood which continues to expand. Family income has grown fourfold in the past four years and Mrs. Tamang has continued to reinvest in livestock and to use the remaining profits to pay for her children's school fees, clothing and medicines. The Tamang family has also been able to gain access to another small but irrigated plot of land and take a half share of the rice and vegetable harvests.

The Tamangs have five children today, and their increasing livestock

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production has given the family a strong sense of security and a substantial asset. Continued interventions by the Credit Programme in their community have yielded other benefits as well. A safe drinking water supply in the village has reduced the time spent fetching water from two hours a day to about 15 minutes. The creation of community woodlots has reduced the collection of fodder from two hours to 30 minutes a day, and a child-care facility has expanded Mrs. Tamang's free time for other activities. She is only semi-literate but has used this time to join three training programmes. She has attended a two-day programme on animal health, a seven-day course on fodder trees, and has taken lessons on nutrition. By attending literacy classes she has also learned to sign her name, read and count.

Bartandi remains a small village, but access to credit and other facilities has allowed many families like the Tamangs to prosper. There are four credit groups like Mrs. Tamang's and a small bank just three kilometres away handles their accounts. The women have expanded their household activities to include such money-making enterprises as goat and buffalo raising, various forms of agriculture and knitting.

There are 80 families in Bartandi and 30 children in the three to six year age-group. They have a primary school less than half a kilometre away and no one lives farther than four kilometres from the nearest health post. Mrs. Tamang and each of the village mothers know how to prepare and use ORT, and more than 80 per cent of their children are fully immunized against the most threatening childhood diseases.

The Production Credit for Rural Women Programme is being implemented by the Women's Development Division of the Ministry of Local Development and has had the support of UNICEF since 1982. Over the past three years the Programme has attracted additional support from many international agencies including EEC, FAO, IFAD, ILO and USAID. Their backing has facilitated the Programme's expansion from 32 sites in 24 districts to 56 sites in 49 of Nepal's 75 districts. Almost 164,000 people have benefited in some way from its success.

Women in development

If government leaders are to fulfil the commitments they made at the World Summit to all children, national programmes will have to address issues of gender disparity much more vigorously than ever before. Inequalities affecting women persist in all regions in the areas of education, health, employment and work-load, social and legal status, and decision-making.

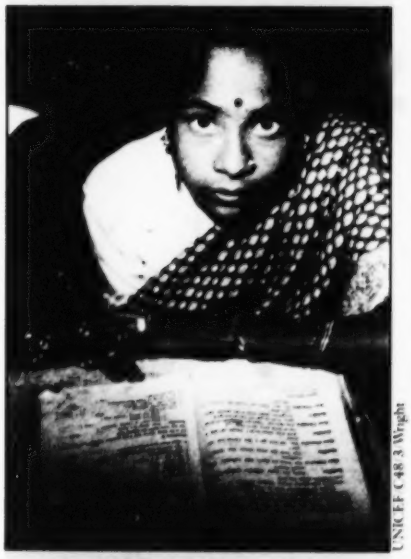
Since many of these disadvantages are rooted in discrimination against female children, the Executive Board in 1990 approved a priority focus on the girl child in all country programmes. It was decided that country programmes should explicitly address the status of the girl child and her needs, particularly in the areas of nutrition, health and education. The World Summit Plan of Action supported this decision and the view that efforts to improve the status of women and their role in development must begin with the girl child.

Several publications reinforced these positions during the year. *The Girl Child: An Investment in the Future*, which was widely distributed, calls for equal rights, opportunities and treatment for girls and proposes an agenda for the girl child in the 1990s. The MENA regional office published a report, *Sex Differences in Child Survival and Development*, which documented the neglect of girls up to the age of 14 in the areas of immunization, breast-feeding, health care, education and play time. The office in Bangladesh published a pioneering study, *The Girl Child in Bangladesh: A Situation Analysis*. The study showed, among other things, that for girls aged from 12 to 23 months, the incidence of wasting was twice as high as for boys of the same age, and that 61 per cent of girls of this age-group had stunted growth, compared with 48 per cent of boys. The analysis found that in poor families where the availability of food was limited for everyone the girl child was made to 'sacrifice' for her brothers.

At regional level, the SAARC meeting held in Male, Maldives (November) declared 1991-2000 the 'SAARC Decade of the Girl Child', and proposed an action plan to implement Summit recommendations.

National efforts: The year was also marked by substantial national efforts favouring girls in South Asia and the MENA region. Those efforts included advocacy, social mobilization, research and programme development.

Education for All: The 1990 World Conference on Education for All (Jomtien, Thailand, 5-9 March) highlighted wide disparities in educational opportunities for boys and girls and encouraged countries in Africa, South Asia and the Middle East, in particular, to take action to redress this situation. In Guinea, where women constitute more



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than 51 per cent of the population, girls account for just 33 per cent of the children enrolled in primary schools. More than 83 per cent of women in Guinea are illiterate compared with 27 per cent of men. In Yemen, where only 11 per cent of girls are enrolled for primary-level schooling, the female illiteracy rate is 98 per cent.

In developing countries, the care of siblings is often the responsibility of the girl child — a duty which keeps many girls out of school. UNICEF supports child-care facilities and pre-school programmes to alleviate this problem in several countries, including Cape Verde, Ecuador, Maldives, Namibia, Oman, Togo and Tunisia.

Other UNICEF-assisted programmes highlight the importance of providing women teachers for girls and women. In many Yemeni villages there has been a noticeable increase in girls' enrolment following the replacement of expatriate male teachers with local women teachers. Bangladesh broke new ground when the Government announced that primary education would be free for all rural girls, and that preference would be given to the employment of female teachers.

Early marriage: The social and economic development of many girls is also constrained by early marriage and teen-age pregnancy. In Botswana and in many Caribbean countries, the teen-age pregnancy rate among girls under 19 years of age is almost 50 per cent. Forced marriage is the plight of 12 to 14-year-old girls in Djibouti, and in Nepal — where the law prohibits marriage below age 16 — some 40 per cent of girls are nonetheless married by age 14. In northern Nigeria the high rate of early marriage coincides with girls' low levels of education.

UNICEF is helping to address these problems through advocacy, health education, training and income generation for adolescent girls in a number of countries including Brazil, India, Jamaica, Pakistan and Togo. The Caribbean Office has also launched a social mobilization programme, Communication for Better Parenting, with support from CIDA.

Safe motherhood: Initiatives linking the girl child and safe motherhood are expected to address the issues of early marriage and teen-age pregnancy more systematically in the 1990s through operational research, advocacy and interventions directed towards men, women and families. In Tanzania, UNICEF is co-operating with the Government, UNFPA, WHO and Family Care International to develop a national strategy and plan of action for the safe motherhood initiative.

Maternal mortality rates ranging from 500 to 1,500 deaths per 100,000 live births in parts of South Asia, the Middle East and Africa, can be traced to the low status of women in society, poverty and poor education — and the problem is being further aggravated by the HIV/AIDS epidemic.

Income generation: Between 30 and 40 per cent of households are headed by women in several countries of Africa, Asia and the Caribbean, and poverty among women is having a dramatic negative impact on their children's health, nutrition and education. Structural adjustment programmes, drought and war have exacerbated the difficulties, and a number of countries have responded by strengthening income-generation activities for women. Successful projects incorporating skills and management training, the use of appropriate technologies and credit facilities have been reported in Burkina Faso, Egypt, Indonesia, Nepal and Sri Lanka.

In Egypt, UNICEF has contributed to the establishment of 73 village banks with revolving funds ranging from US$8,000 to US$14,000 to advance loans to over 2,500 women. Priority is given to female heads of households, who also receive technical assistance and training.

In Brazil, a UNICEF/SAFLAC (Special Adjustment Facility for Latin America and the Caribbean) project provided a total of US$204,687 in credit for 418 small businesses run by women. Monitoring of the project showed that 80 per cent of the women who took loans managed to improve their income levels and overall quality of life.

Data deficiency: There is an urgent need in all UNICEF programme areas for better collection and analysis of gender-disaggregated data. Data should reflect age and social groupings as well as regional performance in each country. This information is essential to the success of targeted programming for girls and women, and to the goals of improving the status and role of women, starting with the girl child, halving maternal mortality and illiteracy, and ensuring at least 80 per cent primary-school achievement within the current decade. □

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If the individual development of women is to become a reality, education must begin at the earliest age and focus on the girl child.

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Social mobilization/Facts for Life

Social mobilization is credited with much of the success of the drive for universal immunization, and in a number of countries, including Brazil, Egypt, Namibia, Peru, Philippines, Sierra Leone, Sri Lanka and Tanzania, it has become a strategic element underlying all UNICEF assistance.

Mobilization also has raised hopes that one of development's most difficult problems — that of reaching the poorest of the poor — can be overcome. In Egypt, community groups and other UNICEF partners are being mobilized to reach the poor with information about services and appropriate responses for children in need.

Face to face: In the struggle to reach those on the lowest rung of the economic ladder, face-to-face communication is increasingly the preferred means of influencing the behavioural changes that can improve children's chances of survival, development and protection. UNICEF offices are beginning to support the training of front-line workers in interpersonal communications, and Nigeria and Bangladesh are among early examples of their success.

In Nigeria, 60,000 non-governmental workers have attended courses in mobilization techniques, and in Bangladesh, 54,000 vaccinators, 200,000 imams and 184,000 teachers have had similar training.

Facts for Life: The role of communication in 'public education' — large-scale efforts to affect the environment of traditional beliefs and attitudes — has dramatically increased with the introduction of *Facts for Life*.

The book has been translated into more than 80 languages and is now part of most UNICEF country programmes. It is estimated that more than 2 million copies are in distribution, mostly through nationally adapted or locally printed versions. Increased demand has required the reprinting of four international core-language versions, pending a revised edition planned for 1992.

Meanwhile the messages of *Facts for Life* are finding their way into street theatre, rural radio, comics and cartoon strips. They are seen on supermarket bags, billboards and bumper stickers and made the subject of newspaper supplements and puppet performances.

Some 125 NGOs have formally allied themselves with this initiative, from professional associations of doctors and dentists in Botswana to community service organizations in Lesotho and folk drama troupes in India. Several exemplary Facts for Life and mobilization initiatives are being documented for training purposes, and six country offices have agreed to participate in a multicountry analysis of their Facts for Life experience. □

BRAZILIAN EXPERIENCE

In Brazil, 1990 saw implementation well under way of a statute giving effect to constitutional safeguards for the rights of children and adolescents — the result of five years of mobilization of governmental and non-governmental action and public opinion in which UNICEF frequently played a catalytic role.

Crucial to the overall effort was a coalition of NGOs and an alliance with groups from industry and the mass media, as well as the front-line workers dealing with children's problems.

This alliance was supported by public opinion, the power of which was shown in the petition drafted by members of the coalition together with governmental groups to include protection for children and adolescents in the Constitution. This 'popular amendment' was signed by 1.3 million Brazilians and delivered to the Constituent Assembly by a deputation of street children.

The new Constitution, which included this chapter on children and adolescents, was followed by a statute, for which UNICEF provided technical advice, which laid down legal and administrative guidelines for implementing the constitutional provisions.

Councils in all of Brazil's 4,300 municipalities are to be legally mandated focal points for the definition of social policy and for child and adolescent welfare; in one state with 178 municipalities, UNICEF supported the development of a broad alliance of governmental and non-governmental agencies, under the co-ordination of the state university. This 'movement' for children has conducted 15 regional seminars in two thirds of the municipalities and kept the issue in the forefront of political as well as public debate by involving all four candidates for the state governorship.

The overall country-wide effort has mobilized youth court judges, public prosecutors, schools and social movements as well as the private sector and public opinion. It has made society's treatment of its children and youth a continuing part of Brazil's transition to socially responsible democracy.

Emergency relief and rehabilitation

High rates of population growth, a weakening global economy, fragile environments, and the rising scale and frequency of man-made disasters have left a growing number of children and women on the thin edge of survival. During the year UNICEF allocated a total of US$33.5 million for emergency operations in 26 countries.

Africa, with the largest displaced and refugee populations in the world, was hardest hit. Combinations of drought, armed conflicts, disease and severe food shortages resulted in appeals to finance emergency interventions in Angola, Mozambique, southern Africa, Sudan and the countries of the Horn of Africa, Djibouti, Ethiopia and Somalia. The crisis in Liberia brought calls for assistance locally, and in the neighbouring West African nations of Côte d'Ivoire, Guinea and Sierra Leone. In each of these situations, emergency needs were generated by armed conflicts. UNICEF supported relief initiatives of the United Nations Secretary-General in each of these countries as well as in Afghanistan, Namibia and three countries affected by the Gulf crisis (Iran, Jordan, Syrian Arab Republic).

UNICEF assistance was also sought for civilian victims of armed conflict in Sri Lanka, where almost 1 million people were displaced by renewed violence in the north and east of the country; and for young children in the West Bank and Gaza, where the continuation of the Palestinian uprising (*intifadah*) has resulted in injuries which require expanded physiotherapy services.

The crisis in the Horn of Africa was exacerbated by renewed drought, which brought large numbers of displaced persons across borders into Djibouti, where they became an additional burden on the country's fragile economy and social services. Acute drought in the conflict zones of Eritrea, Tigre and northern Wollo placed an estimated 4.2 million people at severe risk of famine in Ethiopia. The country was further burdened by the needs of several hundred thousand Somali and Sudanese refugees. Somalia's civil war escalated in the north-west and Adwal regions, and the national situation was unsettled further by unprecedented flooding in the Shabelle region. The inception of the United Nations six-month Extraordinary Interim Emergency Programme (EIEP) in February did, however, bring assistance to displaced Somali and Ethiopian refugee populations, and UNICEF complemented efforts by UNHCR and WFP for victims of the war and floods.

Despite Operation Lifeline Sudan (I), the condition of children and women in Sudan remained precarious in 1990. Escalating hostilities continued to uproot civilian populations in the south, and vast numbers of displaced persons stretched limited services in rural and urban areas nationwide. The displaced population in Khartoum alone rose to 1.8 million. At the request of the Government, the United Nations continued the implementation of Operation Lifeline Sudan (II) and, in spite of fighting and the subsequent closure of the 'corridors of peace' from October 1989 to April 1990, UNICEF continued to deliver non-food assistance, although at a much slower rate.

Safe passage: On 8 November, the Secretary-General announced a six-month long Special Relief Programme for Angola (SRPA) to cover an estimated 1.9 million people in war-induced famine areas of the central and

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Lebanon: Almost every day for the past two summers convoys of buses have picked their way through checkpoints controlled by rival militias, to deliver schoolchildren to 'peace' camps outside the war zones of Beirut. In schoolyards, community centres and other available facilities, the children of Lebanon's bitter mosaic have been brought together to play, to share experiences and to learn that their neighbours are really not so different.

Boys and girls aged 5 to 12 have attended the camps with the blessing of parents who are desperate that their children should gain some sense of life in Lebanon beyond the daily fear, tensions and suspicions of a war already much older than they are. The children spend their days in camp activities with peers who otherwise might have grown to be mortal enemies. They are supervised by young people aged 18 to 25 who have been trained to help the younger ones develop memories which are rich in positive experiences, to foster openness, to accept their companions' differences and to have confidence in a more promising future.

This Education for Peace programme was initiated by the UNICEF Office in Beirut early in 1989, when a new wave of violence closed schools and confined children to their homes and bomb shelters.

"We were discussing ways of reaching the children", recalls André Roberfroid, the UNICEF Representative at that time. "We had often discussed the fact that for 15 years the kids had been growing up separate from one another without any physical chance to meet. And then one day at the end of May, when the city had been under daily shelling, we decided to try to get the children together."

A training session was quickly put together for young people with some experience in scout and other types of camps who could act as monitors. The response was enormous. The first camp, organized entirely by UNICEF, was held in early July in the village of Khyara. About 130 children from very different cultural and religious backgrounds lived together for two weeks far from the nation's hostilities.

The camp monitors included university students, teachers and other young people. Their trainers emphasized one message throughout: "Get to know each other and you will realize that you can live together easily. If you try to know each other by doing something of value together, something for children perhaps, no one will question your motives."

Roberfroid remembers being impressed and surprised by the reactions of the trainee monitors. "I was not surprised to see the young children coming to camp, I expected to see that happen, but I thought the older ones, after their exposure to years of war, would not be able to feel something positive. But they were not hardened at all. It was as if they had been thirsty for something like this for many years. They drank it in like someone coming out of the desert."

UNICEF arranged and financed transportation for the children under its flag, advising some 17 factions only that they were taking the children to a summer camp and that they needed permission to cross the checkpoints.

Halfway into the first camp other organizations followed suit, with day camps operating under the Education for Peace banner at playgrounds, schools and other facilities. UNICEF managed the curriculum and training of all monitors as well as transportation and insisted only that children, including those in Palestinian refugee camps, must come from more than one area of the country so the children could mix and learn from one another.

"The challenge was not to repair what the war had destroyed, but to reconstruct what the war had twisted", said UNICEF programme officer Anna Mansour. Salwa, a 17-year-old Maronite girl, told Anna she was scared when she arrived at the camp and had to sleep in a room with people she did not know. "When I saw a girl wearing a veil I was terrified", she said. "Now that I think I will be leaving these new friends I cry."

By September of this year more than 240 NGOs were collaborating with UNICEF and receiving some financial assistance to further the Education for Peace programme. About 29,000 children went to peace camps in the first year, and between November 1989 and September 1990, some 30,000 children attended a total of 155 day camps, 60 summer camps and 10 scout camps under the programme's umbrella. Another 10,000 children were reached by organizations like Caritas, YMCA and Save the Children.

In a new phase of the programme, UNICEF is helping to develop an Education for Peace curriculum for schools and for special weekend activities throughout the year. "It's the adults who went to war", said 17-year-old Rawia during one recent camp discussion. "Peace will only return with the children. The adults have not succeeded. It is up to the children and young people to do something."

UNICEF/Wyatt/46

southern regions. The non-food aid and service component (US$22.5 million) was assigned to UNICEF. The principle of safe passage for humanitarian aid was accepted by the Government and the National Union for the Total Independence of Angola (UNITA).

Successful military operations against rebel-held areas of Mozambique, and the initiation of a peace process, made hundreds of thousands more people accessible to relief. Following a joint United Nations/Government analysis of the situation, a fourth appeal was made for international assistance for 1.4 million internally displaced persons and 154,000 returning refugees.

In Namibia, UNICEF support until March was largely focused on the reintegration of returnees during the transition to independence. UNICEF, however, was also active in drought relief efforts, and provided support during a malaria epidemic in northern regions of the country.

Afghan refugees: There were more than 5 million Afghan refugees in Iran and Pakistan in 1990, and another 2 million were homeless in Afghanistan itself. Crop failures in northern Afghanistan caused severe hunger during the 1989/90 winter months, and a joint United Nations effort was launched to feed vulnerable groups and provide blankets and essential drugs. UNICEF increased its efforts during the year to immunize children and women and to provide ORS.

Other appeals: During the year, appeals were also made for relief and rehabilitation in Iran and the Philippines (earthquakes). In China, Madagascar, the Republic of Korea and Tanzania (flooding), and in Western Samoa (cyclone), UNICEF responded with appropriate combinations of shelter, essential drugs and medical supplies, basic food and feeding supplies, and provisions for potable water. Outbreaks of cholera in Mozambique and Zambia required basic drugs, water treatment, medical supplies and laboratory equipment. Vaccines and related supplies were sent to Nicaragua in response to a measles outbreak, and to Benin and Tanzania to fight a meningitis epidemic. Medical and food supplies for 210,000 people were dispatched to Rwanda after the harvest failed.

Sources of funding: With the agreement of Governments, UNICEF funds for long-term programmes were diverted to emergency relief activities in 16 countries of Africa, Asia and the Americas, amounting to US$1.2 million. Special contributions for specific-purpose emergency programmes in 13 countries totalled US$28.3 million. Fourteen countries in Africa, Asia, the Middle East and North Africa also fully utilized the Executive Director's Emergency Reserve Fund of US$4 million for the year. □

Monitoring and evaluation

More than 260 evaluations were completed between October 1989 and September 1990. The 18 per cent decrease from the previous year can be attributed to a shift from provincial to national level immunization evaluations. There were an additional 431 action-oriented studies.

A review of evaluation plans and annual reports showed that:

- more than 40 per cent of the evaluations were on immunization and diarrhoeal diseases programmes as countries attempted to determine their proximity to 1990 targets. By combining field exercises for mortality/immunization/diarrhoea, the MENA region was able to obtain data more cost-effectively;
- the capacity of field offices to forecast evaluations 12 months ahead of time remained weak. Only 47 per cent of the evaluations planned for 1990 were completed as scheduled. It should be noted however that 64 per cent of the evaluations completed during the year were not originally foreseen;
- the style of annual reports has become increasingly evaluative and many of the offices which participated in training workshops now include analytical sections. However, fewer than 50 per cent of offices perceived a link between these reports and annual or mid-term reviews.

A number of country offices reported the development of monitoring systems in concert with Governments. In Indonesia, local area monitoring developed for EPI is being tested for MCH and other programme components. The Comoros and Tanzania established national co-ordinating committees to monitor their programmes. Brazil has developed indicators to monitor street children and other programmes. The Dominican Republic is applying a system to monitor 5,000 children and mothers. Cameroon started a village-level registry to monitor demographic and health indicators, and Benin integrated EPI surveillance in service utilization.

Thematic evaluations continued. A Colombian assessment of social mobilization was completed as planned but similar evaluations for Turkey and India were postponed until early 1991. Two new thematic evaluations were started during the year. The first was for growth monitoring and promotion in China, Indonesia and Zaire, and the second was for women's income-generation activities in Burundi and Jamaica. Both evaluation themes will be extended to other countries in 1991. A study to evolve global standardization of parameters for cost-analysis of water supply and sanitation systems was conducted in Benin, Honduras, Pakistan and Uganda.

Evaluation experience was shared through a newsletter published three times a year, and a number of meetings and workshops which addressed substantive issues. A regional staff training workshop on the integration of programming and evaluation was held in Mali for francophone African nations (January-February). A workshop on sentinel sites methodology was held in Mexico (February) for a team of 22 trainers/facilitators from headquarters and field offices. And an international conference on rapid assessment procedures was held in Washington, D.C. (November) for representatives of academic institutions and UNICEF.

The Executive Director has asked for increasing attention to studies and applied research, and support was given during the year to exercises in Bangladesh, Colombia and Nigeria. These country exercises, conducted through the International Commission on Health Research for Development, attempted to identify linkages between existing research and government activities supported by UNICEF. □

Inter-agency co-operation

Preparations for the World Summit for Children highlighted the many-faceted opportunities for collaboration between multilateral and bilateral partners on behalf of children.

During the year UNICEF worked in co-operation with:

- the Centre for Human Rights, the Human Rights Commission, NGOs and national partners, on the Convention on the Rights of the Child and preparations for its monitoring Committee;
- IFAD, UNDP, UNFPA and WFP under the umbrella of JCGP;
- WHO, on a series of health measures related to immunization, CDD, ARI, malaria, safe motherhood, MCH, essential drugs, health education, AIDS and the new children's vaccine initiative;
- UNDP, WHO, the World Bank and the Rockefeller Foundation, on the Task Force for Child Survival;
- UNDP, WHO and others on guinea worm eradication;
- FAO and WHO, on food and nutrition surveillance and preparations for the 1992 International Conference on Nutrition;
- SIDA, USAID and WHO, on the international high-level meeting on breast-feeding in Florence, 30 July-1 August;
- UNESCO and WHO, on *Facts for Life*;
- UNFPA and WHO, on child spacing and family planning;
- UNDP, UNESCO, the World Bank and 17 other co-sponsors and associate sponsors, on the World Conference on Education for All, held in Jomtien, Thailand (March);
- UNESCO, on the establishment of a Joint Committee on Education comprising members of the two Organizations' Executive Boards;
- FAO, ICRC, UNDP and WFP, on Operation Lifeline Sudan;
- UNHCR, WFP and others, on emergency and rehabilitation;
- IFAD, UNDP, UNFPA, UNIFEM and WFP, on women in development;
- UNEP, on environmental matters.

JCGP: The group met regularly under the rotating chairmanship of IFAD, and there was a high-level meeting in Rome (August) on the subject of poverty and co-operation among agencies. Progress towards consensus was made on matters related to government/national execution, terms for programming and the synchronization of programme cycles.

In collaboration with its United Nations partners, UNICEF continued to pursue its concern about the impact of adjustment programmes on children, and continued to press for more attention to nutrition and human development issues in World Bank Consultative Groups, and at UNDP Round Table conferences. It has also maintained a fruitful dialogue on these concerns with IMF. The *World Development Report 1990* of the Bank focused on 'Poverty', and the first issue of *Human Development Report 1990* of UNDP was also supportive of UNICEF positions. UNICEF worked closely with the Bank in the fields of health, nutrition, education, water supply and sanitation, urban development, women in development and safe motherhood.

UNICEF also collaborates closely with UNDP, both at headquarters and in the field. UNICEF co-sponsored the UNDP international water conference in New Delhi in September.

Long-standing co-operation with WHO continued across a broad spectrum of programmes and included an investigation of the impact of recession and adjustment on health financing, and the development of health and nutrition goals for the Summit. □

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UNICEF works with national and international agencies in all areas affecting children.

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Adjustment with a human face

The concept of 'adjustment with a human face' and UNICEF advocacy for it continued to gain acceptance during the year. Three major reports, the World Bank's *World Development Report 1990*, the UNDP *Human Development Report 1990*, and a report of the Commonwealth Secretariat, *Engendering Adjustment for the 1990s*, recognized UNICEF's early and influential initiatives in this area, together with its emphasis in favour of the complete integration of human welfare concerns in any adjustment programme. Many of these concerns have now become part of an international consensus to incorporate protection of vulnerable groups at the design stage of structural adjustment programmes and to ensure adequate support for them in implementation.

UNICEF remains concerned, however, at inadequate funding for these measures by the continued tendency of some to treat social adjustment as an add-on to existing policies. It remains necessary, therefore, to make careful country-level assessments of policy changes which are proposed or made, and the extent to which they might strengthen the productive capacity of the poor.

UNICEF advocacy is based on the interaction between its field structure and headquarters, and the persuasive results of international research.

Many UNICEF country offices have established, or are in the process of setting up, work programmes related to adjustment with a human face to:

- stimulate public awareness of the deteriorating situation of children;
- commission studies to document the impact of recession and adjustment;
- set up special groups within Governments, or with government participation, to co-ordinate advocacy for appropriate social sector spending;
- help Governments in their negotiations with the World Bank and IMF, or engage in direct discussions with these agencies.

Africa: In particular, UNICEF offices have been involved in preparation of a report on the Social Impact of Adjustment in Angola; formation of a working group on adjustment and social sector priorities in the Gambia; implementation of the Programme of Actions to Mitigate the Social Costs of Adjustment (PAMSCAD) programme in Ghana; preparation of priority action programmes in Guinea; sponsorship of a study group on social sector priorities and co-operation with the Ministry of Planning in Kenya; preparation for a consultative group meeting and special action programmes in Madagascar; organization of a workshop on the effects of structural adjustment programmes in Malawi; assessment of the macro-economic foundations for adjustment policies in Niger; organization of national policy seminars on adjustment, and the establishment of a Food and Nutrition Monitoring Project with the Food and Nutrition Council in Tanzania; assistance to the Government Programme to Alleviate Poverty and the Social Costs of Adjustment (PAPSCA) in Uganda; advice to the National Commission for Development Planning on the need for, and the modalities of, alternate adjustment policies and active inter-agency consultations in Zambia. In Mozambique, the World Bank/SDA has taken the UNICEF analysis as an input to their work in the country.

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Advocacy for children continues to demand that consideration for essential human needs be integral to all governmental planning in an era of economic constraint.

During the year UNICEF chaired the JCGP group on adjustment policy and attended various steering group meetings of the African Regional Office of the World Bank in connection with projects related to SDA, and the preparation of a World Bank report on the social situation in Africa. UNICEF also participated in discussions on the newly released World Bank report, *Sub-Saharan Africa: From Crisis to Sustainable Growth*. Consultations between UNICEF and IMF also increased.

Latin America: Activities in Latin America and the Caribbean have included:

- establishment of a special fund (SAFLAC) to help deal with the impact of the current economic crisis on the most seriously affected low-income countries;
- support for the planning institute (CONADE) in Ecuador;
- participation in inter-agency efforts supporting the government's Social Impact Amelioration Programme in Guyana.

Asia: A seminar on adjustment with a human face was held in Myanmar to sensitize government officials to the need to protect vulnerable groups during and after economic transition. □

External relations

Mobilizing for children

The World Summit for Children attracted unprecedented public and political attention to the needs of children in 1990.

The complex work related to the Summit consolidated UNICEF partnerships for children, paved the way to new alliances, strengthened ties with other agencies and helped to expand contacts with the media around the globe.

Advocacy for children was also greatly strengthened by the Convention on the Rights of the Child, which came into force in record time on 2 September; by the World Conference on Education for All, held in Thailand in March; and by the report on *Children and the Environment*, issued in June in partnership with UNEP.

Summit coverage: The Summit helped to push coverage of children's needs into 'prime time' for broadcast media and onto page one for print media.

This process was facilitated through interviews with leading UNICEF officials, field trips for journalists and media briefings. Three of those briefings were major pre-Summit news events in New York, Geneva and Nairobi. Arrangements were also made with two public relations agencies to do *pro bono* work to promote Summit events such as the Candlelight Vigils, and to place public service messages in major publications.

Interest in the Summit was particularly noteworthy in the industrialized

UNICEF/S1'4/20/Chasson

More than 1 million people world-wide joined in Candlelight Vigils to show their support for the World Summit for Children.

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CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child became active international law on 2 September. This landmark human rights treaty calls on Governments everywhere to respect the rights of all children regardless of their race, sex, creed or social standing. It prescribes that in all matters related to children the "best interests of the child" shall be of paramount consideration.

The rapid response of the world community to the Convention is unparalleled in the history of international human rights law. By 20 November 1990 — the first anniversary of its adoption — 58 countries had become States parties to the Convention, either by ratification or accession, and 75 other countries had signed it, thereby indicating their intention to ratify. Altogether, 133 States had responded to the challenge to use the Convention as a binding guideline for the health and well-being of their children. It took less than 10 months from the time of adoption for the required 20 countries to ratify the Convention's provisions and thereby establish its standing in international law. The Convention's 54 articles for the survival, protection, development and participation of children are now binding on all ratifying countries.

Monitoring of the Convention's implementation will be the responsibility of a 10-member Committee on the Rights of the Child. The Convention's entry into force in 1990 triggered the process to establish the Committee, which will convene its first meeting in 1991.

Ratifying States will report to the Committee on measures they have taken to comply with the Convention and on any difficulties they might have had in meeting their obligations. The Committee will also work with UNICEF and other United Nations agencies to help countries overcome any obstacles to implementation that they might encounter.

Preparations for the World Summit for Children were sharply focused on the Convention, which served not only to identify Summit themes, but also to pave the way for ratification. In many countries governmental and non-governmental organizations campaigned publicly to heighten awareness of the Convention and its provisions for child rights. National commissions were set up to monitor the situation of children in a number of countries, often in co-operation with NGOs and government offices.

In many cases, young people participated in these activities. In Brazil, street children were involved in highly visible campaigns to alert politicians and the general public to their needs. In several industrialized countries, students spoke out through their schools on such issues as environmental protection and the abuse and neglect of children. In Ecuador and Costa Rica children expressed their priorities through polls organized like adult elections *(see profile,* 'A voice for children'). Children in a number of countries were given an opportunity to study and interpret the Convention, and a Youth Round Table on Child Rights was convened in Geneva on the eve of the World Summit to share many of their concerns. The Youth Round Table represented a global constituency of more than 1 million young people.

The final Declaration and Plan of Action from the World Summit recognized implementation of the Convention as essential to the improvement of children's lives everywhere.

UNICEF/NY85-1506/Chasson

world, where UNICEF had previously had some difficulty getting its message across. Examples included cover stories on children in the domestic and international editions of *Time* magazine; voluminous coverage in *The New York Times*; a front-page series on children in major Canadian newspapers; the lead story in the London *Sunday Times* magazine supplement; widespread coverage in the European press; and prominent television footage in Europe and North America.

Newspapers, magazines, radio and television stations in scores of developing countries reported extensively on the Summit and its issues.

A number of publications aimed at the media were produced for the Summit, among them a special Summit edition of *The State of the World's Children*, a brochure, information and media kits on the Summit, and an inter-agency kit detailing the work of 15 United Nations agencies in support of children.

Four issues of a special Summit newspaper were co-produced with Inter Press Service News Agency, and numerous other publications kept UNICEF offices and NGO partners informed of developments. These publications included *Summit Update*, an electronic bulletin board (SUMMITRON), and special editions of *Intercom*. Three regular publications — *Newsflash*, *Newswire*, and *Information Update* — also devoted space to the Summit.

Post-Summit publications included a pocket-size booklet containing the Summit Declaration and Plan of Action and the Convention on the Rights of the Child, and a book on media coverage from around the world.

UNICEF contributed to three videos supporting the Summit. 'Today's Children, Tomorrow's World' was produced three months prior to the Summit. The video '341' was shown at the Summit and in 35 countries after

The Latin American countries of Ecuador and Costa Rica took unprecedented action to give voice to their children's opinions in 1990.

Both conducted national polls so that children could identify those articles in the Convention on the Rights of the Child which they valued most highly, and in doing so, both did much to bring the Convention into the mainstream of public discussion.

Given the opportunity to choose between 14 sets of rights, including the right to play, and to have the love and care of their parents, it was significant that a majority of children from both nations chose protection from drugs, sexual abuse and all forms of violence as their most important right. As children's awareness of the Convention grows internationally it will be interesting to see if this preference is universal.

In Ecuador, more than 180,000 children between the ages of 6 and 12 years cast ballots in 25 provincial capitals on June 30. Ecuador's Supreme Electoral Tribunal sponsored the referendum and the event was overseen by a Children's Supreme Electoral Court representing all the country's social and racial groups. Participants had the support of the Working Children's programme of the Central Bank, DCI and the National Journalists' Union. UNICEF provided financial and technical help.

In Costa Rica, almost 478,000 children, out of a total child population of 685,000 aged between 5 and 14 years, voted on September 14. The children's vote in Costa Rica followed a week of school studies devoted to learning and understanding the contents of the Convention. Ballot papers were designed with text and drawings so that children did not have to be literate to identify their rights. Votes were collected at each school and were counted by groups of children and their teachers. The final tallies were relayed to the national capital by the school principals through the channels used for presidential elections.

Ecuador's 'First Children's Election' was preceded by weeks of publicity in the national media and scores of competitions, workshops and other events designed to draw adults as well as children into public debate on the social development and protection of the young.

Child voter registration cards were issued several weeks before the event, and on the day of the vote many thousands of children appeared at their local polling places in the company of parents. But they soon detached themselves from adult supervision to line up and cast secret ballots in the official ballot boxes used for national elections.

In keeping with traditional electoral practice, each child's thumb was stained with indelible ink to prevent multiple voting, and each child signed an official list of voters. Teen-age volunteers who were 'too old' to vote in this special election were on hand to help the younger ones as bands played and cameras recorded the historic exercise.

An assortment of politicians and civic officials added to the traditional flavour of an electoral process with speeches and handshaking, and the children emerged at the end of the day with a sense of themselves as participants in a democratic process.

The election was another milestone in the nation's approach to children's affairs. On February 7, Ecuador was the first Latin American country, and the third internationally, to sign the Convention on the Rights of the Child, and on March 15 it was the first country in the region to ratify the Convention.

"Those of us who work for children confirmed our belief that children can responsibly participate in the social processes that affect their situation and formation", observed José Carlos Cuentas-Zavala, UNICEF Representative in Ecuador. "The children, in turn, discovered that they are not only demanding their rights but are also responsible for seeing them enforced."

UNICEF/Wuan 47

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the event. UNICEF co-produced a 50-minute programme, 'When the Bough Breaks', with BBC TV. The Organization was also involved in co-productions with radio networks in France, Germany and the Netherlands.

A survey of the impact of rural radio in Chad found that leaders on both national and local levels support rural radio broadcasting, which reinforces their plans to meet the needs of the population, particularly in the areas of health care and education. The survey showed also that listeners would like more broadcasts in local languages, with immunization the most popular theme. However, radios and batteries are not easily available, and access to radios, and therefore to information, is mostly controlled by men.

Photographic coverage of the Summit was co-ordinated with the United Nations Photo Unit, and CIDA provided a staff photographer. Following the Summit, hundreds of photographic kits and sets of colour slides illustrating the events, together with copies of the official heads of State/Government group photograph, were distributed to the media, National Committees, field offices and Permanent Missions to the United Nations. Individual photographs were forwarded to each participating head of State or Government, together with commemorative materials.

World Conference on Education for All: UNICEF and the secretariat of the Inter-Agency Commission were responsible for all information activities connected with the World Conference on Education for All, held in Jomtien, Thailand (5-9 March).

Production included an information kit in English, French, Spanish, Arabic, Korean and Thai, and three video segments on education projects for broadcast in more than 90 countries. UNICEF and Radio Netherlands co-produced a series of radio programmes on literacy programmes in Africa which were distributed in English and French to all delegations attending the conference. Media coverage of the event was strong in developing countries and in Europe, but was disappointing in North America.

Children and the environment: UNEP and UNICEF issued a joint report on children and the environment on World Environment Day (June 5) in Mexico City. Ten Mexican newspapers carried the story on the front page and broadcast media in Latin America,

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Europe, Asia and the United States also featured the report.

Broadcasting and video: The first workshop on Animation Film for Development was held in Prague in March. As a result, the Walt Disney Corporation is helping Ecuador with animated films on good health, and Hanna-Barbera Productions is helping the SAARC region with cartoons aimed at improving the status of the girl child.

Audiopacks, which combine audio cassettes with printed materials, were developed in co-operation with Radio France Internationale, Radio Netherlands and Deutsche Welle for use by schools, NGOs and broadcasters.

During the year, a total of 5,270 copies of films and video cassettes and 4,000 audio cassettes were distributed. This compared with 2,000 films and 900 audio cassettes in 1989.

Publications: In addition to the materials produced for the Summit and the World Conference on Education for All, a kit on the Convention on the Rights of the Child was prepared in English, French and Spanish, in co-operation with the Human Rights Centre in Geneva.

Periodical publications during the year included the weekly *Newsflash*, the quarterly *Intercom*, which provides in-depth treatment of substantive issues, and *Information Update*, an internal monthly newsletter which gives an overview of new information projects and materials planned. The weekly *Newswire* was discontinued in May.

Core publications produced in English, French and Spanish included the *Annual Report*, the *Supplement* to the *Annual Report*, and *Facts and Figures*.

Also produced were a number of staff working papers, policy reviews and publications related to specific programme issues.

About 150 publications and over 30,000 photographs and colour transparencies were distributed to National Committees, field offices, NGOs and the media. The photo library in Geneva was reorganized to service most requests from European media and National Committees.

Electronic communication: There are now more than 300 users on the electronic network and more than 2,500 messages are sent monthly. Special databases were created for the World Conference on Education for All (EFABASE), and for the World Summit for Children (SUMMITRON). News articles are extracted from the full text database (NEXIS). The UNICEF network also transmitted *Newsflash*, *Newswire*, *Information Update*, *Emergency Information Notes*, 'bulletin boards' of general information, feature stories, press releases and selected programme materials of interest to UNICEF partners and field offices.

Education for development: With the establishment of Education for Development posts in New York and Geneva, a UNICEF policy for Education for Development is being established in consultation with UNICEF colleagues, National Committees, Development Education Officers and education experts.

The State of the World's Children: *The State of the World's Children 1991* report was launched at an internationally televised news conference in Berlin on 19 December. Approximately 180 reporters gathered in Berlin for the event linked by satellite with Nairobi, enabling 50 correspondents there to pose questions. In addition, there was a live feed to journalists in New York. UNICEF Representatives world-wide used the occasion to visit government leaders to renew advocacy for World Summit Declaration issues. Media coverage of the event and relevant themes was extensive on all continents, with many countries examining the situation of their own children.

Emergency information: With growing media attention to emergency situations in Angola, Ethiopia, the Gulf States, Iran, Liberia, Romania and Sudan, UNICEF expanded its crisis information dissemination to the media, regional headquarters, field offices and National Committees. The frequency of *Emergency Information Notes* increased to more than one a week, and media releases were issued when it was necessary to highlight new developments. A daily news clipping service kept headquarters and selected field staff abreast of all emergency situations. □

UNICEF/89/Bangkok Office

Advocacy for children has been greatly strengthened by the Convention on the Rights of the Child, which for the first time makes it a law that the "best interests of the child" shall be of paramount consideration.

Public participation

Collaboration with political and religious leaders, intergovernmental organizations, and artists and intellectuals continued to play a major role in UNICEF advocacy for children. A number of direct and indirect initiatives in co-operation with these groups during the year enhanced the Organization's communication capacity and helped galvanize political commitments from heads of State and Government.

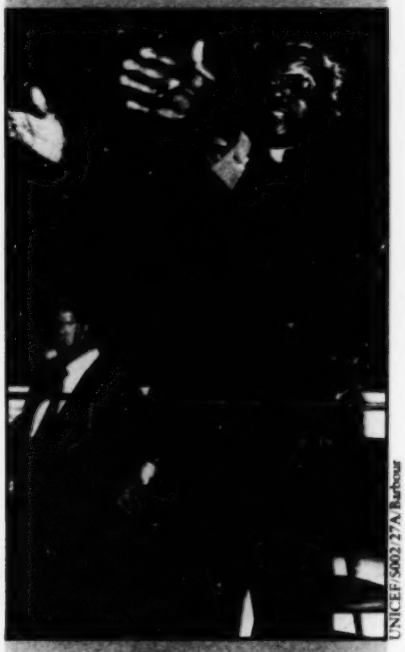
The close working relationship of UNICEF with African leaders was consolidated by the OAU Summit meeting when heads of State and Government adopted resolutions related to the World Summit for Children; the African Decade for Child Survival, Protection and Development; the World Conference on Education for All; the Charter on the Rights and Welfare of the African Child and other child-related issues. Other significant advocacy efforts were also made through intergovernmental forums including the Summit of the Economic Community of West African States in Banjul, the Gambia (May); the South-South Summit in Kuala Lumpur, Malaysia (June); and the France-Afrique Summit in La Baule, France (June).

Artists and intellectuals in Africa continued to disseminate CSD information using traditional and other communication skills tailored for community consumption. They set up 20 national CSD support groups to present vital health messages to parents and families and organized World Summit-related workshops, seminars and meetings in several countries, including Benin, Central African Republic, Congo, Ghana and Kenya. They directed their communication skills to such things as fund-raising, the production of audio-visual materials and theatrical performances which encouraged the use of low-cost medical techniques such as ORT. UNICEF shared information on these and other activities through its bi-monthly publication, *African Kora*.

Parliamentarians and religious leaders world-wide had a banner year. Both groups helped to mobilize support for the Convention on the Rights of the Child and the World Summit for Children, and their role on behalf of children is certain to grow.

Those parliamentary organizations which issued resolutions or declarations in support of the Convention and the World Summit included the Inter-Parliamentary Union, the Global Forum of Spiritual and Parliamentary Leaders on Human Survival, the European Parliament, the Inter-American Parliamentary Group on Population and Development and the Union of African Parliaments. Parliamentarians, individually and collectively, also played a significant role in promoting the ratification and implementation of the Convention, and in encouraging their leaders to participate in the World Summit.

Religious leaders and parliamentarians are assuming a growing role on behalf of children.



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Their commitment to the welfare of children was reinforced by the 84th Inter-Parliamentary Conference held in October in Punta del Este, Uruguay. A conference resolution called on all parliaments to monitor the implementation of the Convention and of the World Summit Plan of Action. The African Parliamentary Council also followed up on the World Summit with a regional workshop on CSD in the Gambia (December), in collaboration with UNICEF.

In Moscow, more than 1,000 people attended the Global Forum of Spiritual and Parliamentary Leaders on Environment and Development, 15-20 January 1991. The event concluded with a Plan of Action that identified the needs of children as a priority requiring the support of all sectors of society.

In July, 150 religious and spiritual leaders attended a conference organized by the World Conference on Religion and Peace (WCRP) in support of the World Summit. The Conference was held in the US at the Princeton Theological Seminary for the World's Religions and produced a Declaration and Plan of Action, both of which were presented to the initiators of the World Summit. WCRP celebrated its 20th anniversary in October in Kyoto, Japan, and former US President Jimmy Carter issued a joint statement on behalf of the Carter Center and WCRP on 'Peace and Freedom in the World'. The statement declared that children must have "first call upon the human and material resources of our societies". □

UNICEF/Dhaka Office/Munier

UNICEF/Dhaka Office/Munier

UNICEF/Dhaka Office/Munier

Many key UNICEF programmes, such as ORT and women's literacy, rely on grass-roots support.

Non-governmental organizations

The World Summit for Children was a major focus for many NGOs working in child-related fields, who emphasized their desire to work with Governments in carrying out the Summit Plan of Action. NGO meetings and consultations prior to the Summit resulted in dozens of statements addressed to it; one of the statements was endorsed by more than 500 national and international NGOs. A group of 12 NGO representatives held a private meeting with the initiating heads of Government on the eve of the Summit and conveyed their views on a range of issues including debt and adjustment, and CEDC. A group of youth NGOs held a round-table conference to develop a youth NGO plan of action for children.

Earlier in the year, NGOs also took an active role in the World Conference on Education for All. An NGO Task Force on Education is being formed to help the four sponsoring UN agencies implement conference recommendations. The education of women and girls is of special concern to the Task Force.

NGO partners, including DCI, continued to play a major role in the area of child rights and provided significant support for ratification of the Convention on the Rights of the Child, and monitoring of its implementation. Junior Chamber International expanded its mobilization effort for CDD, as well as ratification of the Convention.

A large group of NGOs is beginning to operate programmes in Eastern Europe and has formed a Consultative Group on Central Europe.

Collaboration at field and headquarters level continued with many local, national and international NGOs. They include CARE, Rotary International, International Save the Children Alliance, World Vision, International Catholic Child Bureau and the scouting movements. In the area of child health, the support of the League of Red Cross and Red Crescent Societies, La Leche League, the International Council of Nurses and the International Pediatric Association were particularly important. □

National Committees for UNICEF

The support of National Committees in mobilizing government and public opinion in favour of the World Summit for Children was a particular asset in 1990. Many Committees organized special events to draw public attention to the Summit's goals. These events included national mini-Summits, which encouraged the participation of children and a range of highly visible personalities. More than half of all National Committees contributed financially towards the Summit, and many forged valuable new alliances with partners and organizations in their countries.

This mobilization effort was often related directly to the adoption and ratification of the Convention on the Rights of the Child — a challenge which expanded the role of several National Committees.

In Central and Eastern Europe the National Committees are in the process of a structural transition from governmental to private entities. The evolution of these countries during the year and the dramatic situation of children in some of them prompted generous responses from National Committees elsewhere.

Other highlights of the year included the Annual Meeting of National Committees in Barcelona in June, which was attended by HM Queen Sofia of Spain. In order to yet further broaden the base of public support which UNICEF enjoys in industrialized nations, a Volunteer Development Forum was held as part of the Annual Meeting during which some 25 National Committees formulated an action plan to attract more volunteers for UNICEF, particularly young people.

National Committees in 32 industrialized countries generated about 20 per cent of UNICEF resources in 1990. □

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Fund-raising

The World Summit for Children has created new fund-raising challenges. UNICEF estimates that an additional US$20 billion a year will be needed globally by 1995 if the goals of the Summit Declaration and Plan of Action are to be met, and that between US$4 billion and US$6 billion of this amount will have to come from donor countries. This is an unprecedented challenge for the 159 United Nations Member States which moved so readily to endorse the Summit's goals for child survival, development, protection and participation by the year 2000.

Although the global economic climate has caused some donors to cut or freeze their levels of development assistance, total UNICEF income for 1990 was US$821 million – US$100 million more than projected in the medium-term plan. Of that total, US$536 million was for general resources and US$285 million for supplementary funds, including US$57 million for emergencies. The general resource income of US$536 million represents an increase of US$113 million over the 1989 figure. Supplementary funding of US$285 million is a US$41 million increase over the same period.

The UNICEF debt relief initiative for children now has the support of six commercial banks in Germany, the United Kingdom and the United States, and UNICEF and its National Committees are actively pursuing other potential partners. In another innovative approach to fund-raising in 1990, the Executive Board adopted a resolution calling for a 'peace dividend' to be transferred from savings from disarmament to programmes for children.

UNICEF National Committees continued their strong support and placed particular emphasis on the need to raise the level of general resources and back priority programmes such as UCI and the Bamako Initiative.

Emergencies remained high on the fund-raising support list throughout 1990. There were calls for assistance for Afghanistan, Ethiopia and Mozambique, for Operation Lifeline Sudan, for Liberian refugees, for victims of the Persian Gulf crisis and for a US$122.8 million Special Relief Programme for Angola. □

Celebrity supporters and special events

Four celebrated UNICEF Goodwill Ambassadors received special honours during 1990.

Liv Ullmann received the UNICEF Distinguished Service Award in commemoration of her 10 years as Goodwill Ambassador; Audrey Hepburn was honoured in Hollywood with the Golden Globe Award; Harry Belafonte received the Nelson Mandela Courage Award in Los Angeles; and Sir Peter Ustinov became a Knight of the British Empire.

Field missions are an important part of the activities of Goodwill Ambassadors. In April, Liv Ullmann saw health and community development projects in Nepal. During November, Audrey *Hepburn witnessed immunization*, water and education programmes in Viet Nam, and Tetsuko Kuroyanagi visited EPI, education and WATSAN projects in Bangladesh.

Ambassadors and Special Representatives travelled extensively during the year as part of advocacy and fund-raising activities for National Committees. Audrey Hepburn was the featured narrator in the New World Symphony Orchestra's four-city concert tour to

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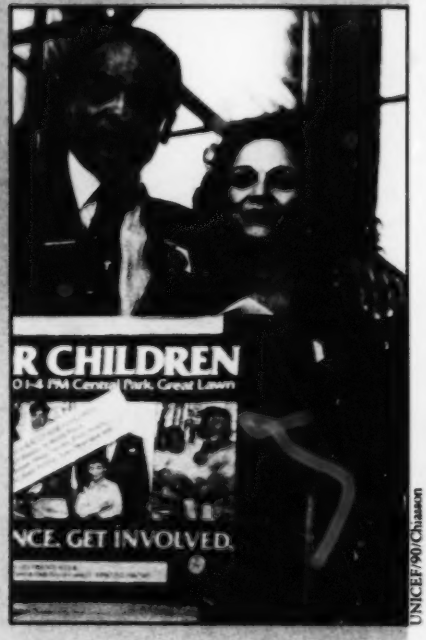


UNICEF/90/Chasson

Audrey Hepburn travelled to Viet Nam (above) on one of her many field missions; Cicely Tyson (above right) took part in an immunization drive in Baltimore; Harry Belafonte and Valerie Harper (right) joined in the Kids for Children in New York's Central Park in celebration of the World Summit.

benefit the US Committee for UNICEF. She also participated in special events in Australia, France, the Netherlands, New Zealand and Switzerland. Harry Belafonte spoke of the needs of children during concert tours of Canada, Japan and the United States and also participated in Summit-related activities in Baltimore and Washington, D.C. During the Summit weekend he took part in several New York City Summit events and served as host of a huge Sunday rally in Central Park. Sir Richard Attenborough appealed for support of the Convention on the Rights of the Child at the Leonardo d'Oro Awards in Rome in November and offered benefit premieres of his next film to support CSD programmes.

Special Representative Imran Khan participated in UCI advocacy in his native Pakistan and in Bangladesh, and he also supported National Committee efforts during a cricket tour of Australia.

Special Representative Julio Iglesias mentioned UNICEF in concerts all over the world and gave a special UNICEF benefit concert in Izmir, Turkey, in July.

Sir Peter Ustinov hosted a special TV programme on the Summit, and he, as well as Liv Ullmann, Harry Belafonte, Audrey Hepburn, Imran Khan and Julio Iglesias, participated in the World Summit for Children and gave Summit-related interviews for print and broadcast media.

Several other internationally known personalities, including Cicely Tyson, Placido Domingo and John Travolta, also participated in UNICEF advocacy at the Summit and promised their future support.

Other major international events during the year included the third annual Danny Kaye International Children's Awards Show, from the Netherlands, with Audrey Hepburn and Roger Moore as hosts; UNICEF advocacy at a World Cup Soccer Press Conference in Rome; and a Children's Outdoor Forum for 4,000 young people at United Nations Headquarters prior to the Summit. Celebrity guests at this event on the North Lawn included such personalities as 'E.T.', Jane Curtin, John Travolta and Stevie Wonder.

Sir Peter Ustinov participated in the launch of *The State of the World's Children 1991* report in Berlin, while Audrey Hepburn gave media support to this event in New York. □

UNICEF 5340 27 Barbour

Sir Peter Ustinov, Liv Ullmann, Audrey Hepburn and Julio Iglesias took part in the World Summit.

Greeting card and related operations

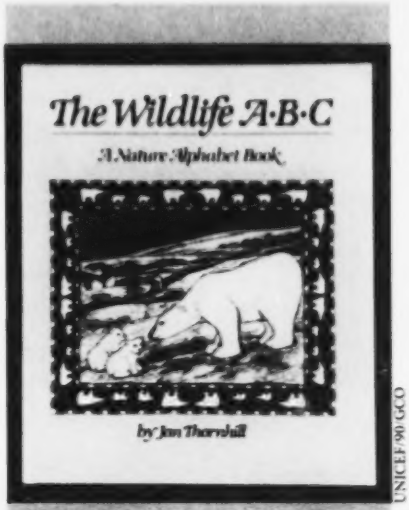
In 1990, GCO continued to consolidate and build on the new mandate covering four areas of public support: product sales and licensing; exhibits and promotion; private sector fund-raising support to National Committees for UNICEF and UNICEF field offices; and special fund-raising events and new initiatives.

During the 1989-90 season, US$61.7 million was contributed by the general public world-wide to UNICEF general resources through GCO. This was US$18.5 million higher than in the previous year and included $11.1 million raised through private sector fund-raising. Sales volume rose to 152 million cards, 13 million more than in the previous year. Volume was up in all regions of the world, with North America, Europe and Latin America registering the greatest proportional increases. Indications are that the 1990-91 season will continue this encouraging trend.

The achievements of GCO are due to the National Committees, field offices and participating NGOs in 145 countries, which provide a powerful means for building grass-roots understanding and support for the work of UNICEF on behalf of children. Through the distribution of millions of brochures and mail pieces, the efforts of thousands of volunteers and the airing of hundreds of print and broadcast public service announcements, the name of UNICEF is made known world-wide.

In the area of product sales and licensing, achievements include the further testing of new product lines and their adaptation to new markets; the expansion of the retail store programme in Europe; the implementation of a special project to strengthen the greeting card sales programme in the United States; the application of cost controls to move from the present 48 per cent to the 50 per cent profitability goal; and the computerization of production centres and field offices with major sales operations.

The World Summit for Children provided an unprecedented opportunity for GCO to raise dramatically the public's awareness of the needs of the world's children. With the help of a leading international advertising agency, a series of public service announcements was placed in major



UNICEF·90 GCO

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GCO works with National Committees, field offices and NGOs in 145 countries.

international newspapers and magazines. The Summit also provided the impetus for a number of other activities including special messages in GCO catalogues and the distribution of promotional posters, T-shirts and other products. At UNICEF House in New York, the Danny Kaye Visitors Centre continued to draw school groups and other visitors, as did several special exhibits on subjects related to UNICEF and the World Summit in the General Assembly building.

The 1990 UNICEF-Ezra Jack Keats International Award for Excellence in children's book illustration, which is administered by GCO, was awarded to Jan Thornhill (Canada) for her book, *The Wildlife ABC*.

Fund-raising: Active co-operation between UNICEF and National Committees was enhanced through an ongoing dialogue, and a number of working groups on specific topics such as direct mail, legacies and bequests, and corporations. At the request of National Committees, special emphasis was placed on fund-raising in 1990 and beyond. GCO chaired an inter-divisional task force that developed a five-year challenge campaign to raise an incremental US$100 million for UCI through direct mail, payroll deduction and other channels. Direct mail packages and a training programme to help stimulate the establishment of national task forces on UCI were developed and tested in co-operation with National Committees.

Much of the income generated through GCO-supported direct mail campaigns came from two major international appeals: the UNICEF Review of the Year and a premium campaign featuring a UNICEF pocket diary.

The Danny Kaye International Children's Awards television fund-raiser was developed and expanded with GCO support, raising several millions of dollars in revenues. A detailed programme for testing fund-raising methods around UNICEF-supported education projects was prepared. □

Resources

UNICEF's finances: income, commitments and expenditures 1989-1991

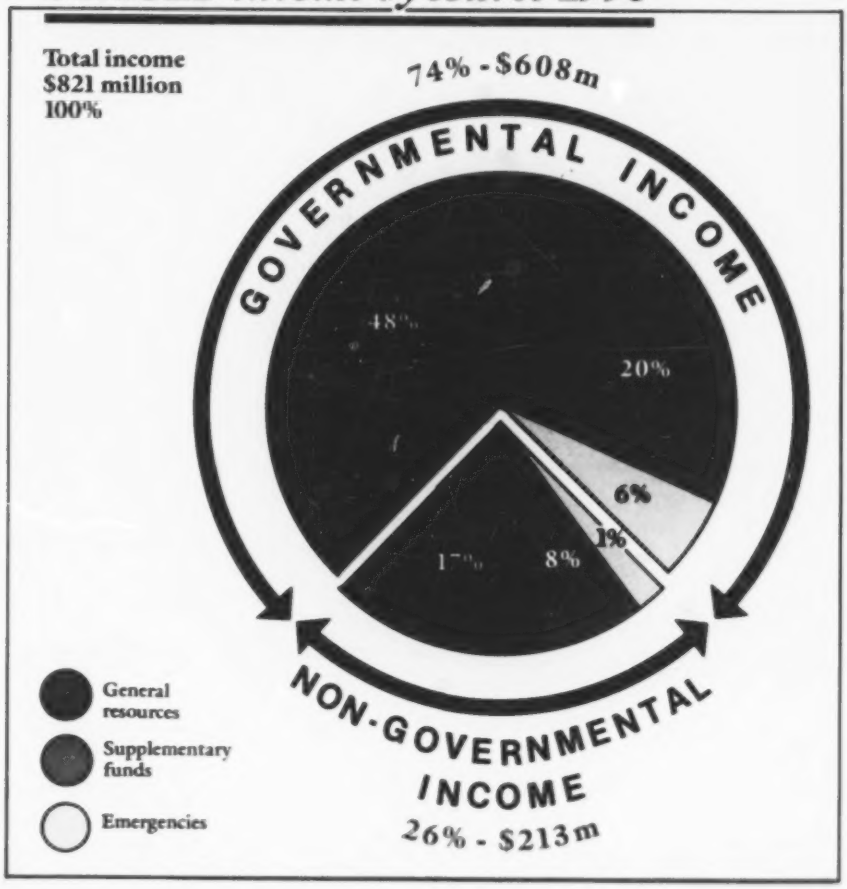
Income

UNICEF's income consists of voluntary contributions from governmental and non-governmental sources.

Total income for 1990 was US$821 million (compared with US$667 million for 1989). This includes US$57 million in contributions for emergencies (US$57 million in 1989).

Income from Governments and

UNICEF income by source 1990



intergovernmental organizations accounted for 74 per cent of total income (75 per cent in 1989), the balance being non-governmental income. The pie chart on page 53 shows this division. Pages 56 and 57 show estimated individual governmental contributions by country for 1990, and a list of estimated non-governmental contributions by country appears on this page.

The income is divided between contributions for general resources (65 per cent), for supplementary funds (28 per cent) and for emergencies (7 per cent). General resources are available for co-operation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures.

General resources income includes contributions from more than 110 Governments; net income from the sale of greeting cards; funds contributed by the public (mainly through National Committees); and other income.

Contributions are also sought by UNICEF from Governments and intergovernmental organizations as supplementary funds to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations which by their nature are difficult to predict.

As a result of pledges at the UN Pledging Conference for Development Activities in October 1990, and pledges made subsequently, UNICEF's income for general resources in 1991 is expected to total US$555 million, which would represent an increase of approximately 4 per cent over 1990.

Expenditures

The Executive Director authorizes expenditures to meet recommendations approved by the Board for programme assistance. The pace of expenditure depends on the speed of implementation in any country.

In 1990, UNICEF's total expenditures amounted to US$738 million (1989 US$633 million), summarized as:

Programme

1989	US$504 million
1990	US$588 million

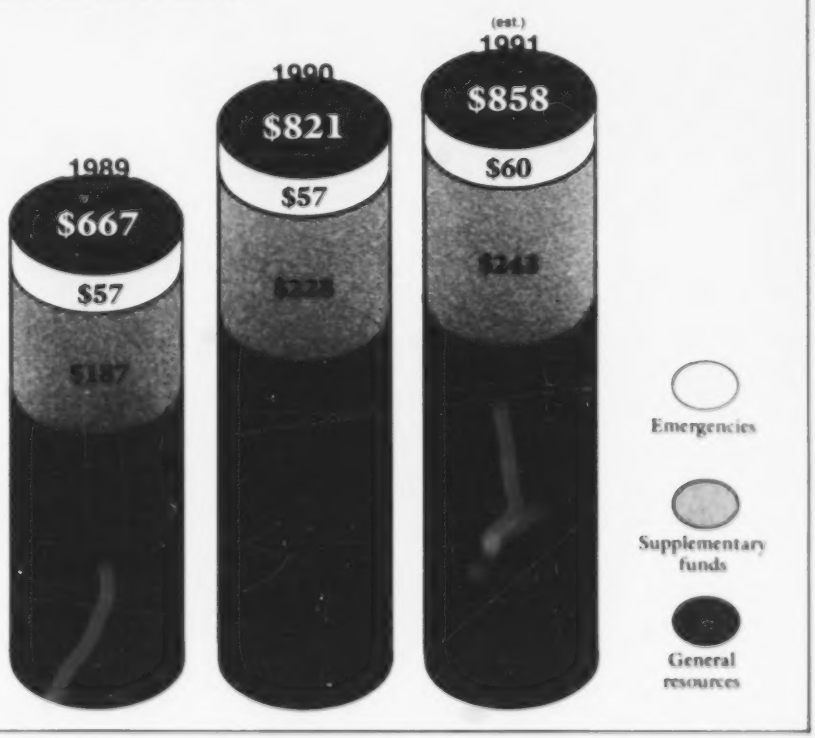
1990 non-governmental contributions (in thousan

Countries where non-governmental contributions exceeded $10,000

Afghanistan	10.6	Denmark	1,398.5
Algeria	704.3	Djibouti	21.0
Angola	163.6	Dominican Republic	58.2
Argentina	414.7	Ecuador	133.6
Australia	2,376.4	Egypt	54.2
Austria	1,777.3	Ethiopia	60.8
Bahrain	111.9	Finland	4,878.8
Bangladesh	24.5	France	18,644.4
Barbados	11.8	German Dem. Rep.	300.9
Belgium	2,942.3	Germany, Fed. Rep. of	23,489.8
Bolivia	63.0	Ghana	29.0
Brazil	3,601.0	Gibraltar	20.8
Burkina Faso	20.2	Greece	1,350.0
Cameroon	21.9	Guatemala	45.5
Canada	11,919.4	Guinea	16.7
Cape Verde	11.2	Guyana	12.1
Central African Rep.	30.2	Honduras	28.4
Chile	81.9	Hong Kong	247.0
China	54.3	Hungary	287.3
Colombia	395.6	Iceland	27.0
Congo	19.7	India	1,888.5
Costa Rica	20.0	Indonesia	136.3
Côte d'Ivoire	107.9	Iran, Islamic Rep. of	737.2
Cuba	91.6	Iraq	212.8
Cyprus	130.1	Ireland	490.0
Czechoslovakia	589.5	Israel	11.8

UNICEF income 1989-1991

(in millions of US dollars)



f US dollars)

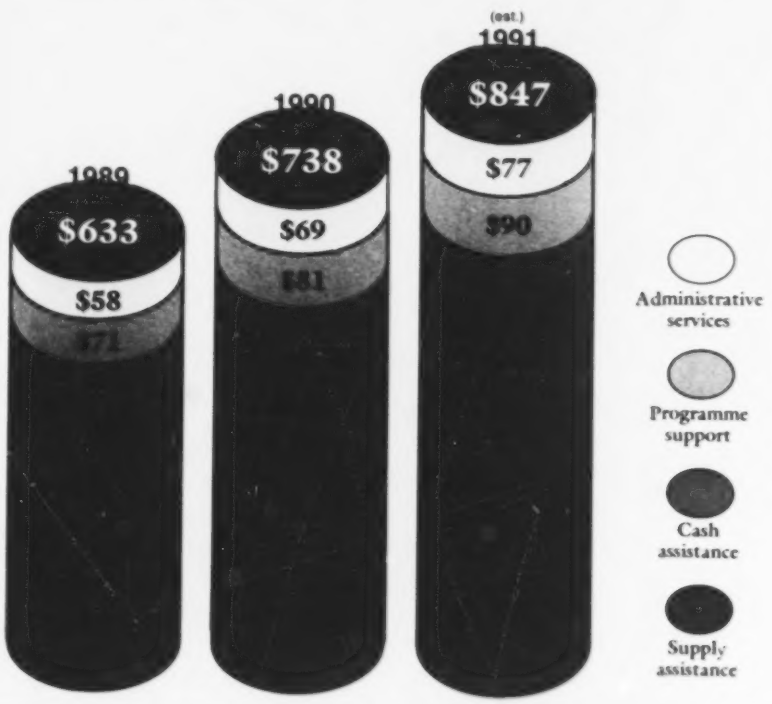
(figures include net proceeds from greeting card sales)

Italy	9,418.3
Jamaica	21.1
Japan	15,934.0
Jordan	47.8
Kenya	55.5
Korea, Rep. of	262.2
Kuwait	24.1
Lebanon	53.3
Liberian	19.7
Libyan Arab Jamahiriya	19.4
Luxembourg	397.0
Madagascar	16.3
Malaysia	44.2
Mali	12.7
Mauritius	16.2
Mexico	404.4
Monaco	33.6
Morocco	288.9
Mozambique	29.3
Myanmar	32.1
Netherlands	20,695.4
New Zealand	405.8
Niger	15.4
Nigeria	152.6
Norway	1,544.7
Oman	53.4
Pakistan	74.8
Panama	16.5
Papua New Guinea	11.0
Paraguay	57.9
Peru	157.3
Philippines	105.2
Poland	687.8
Portugal	657.0
Qatar	20.9
Romania	27.7
San Marino	55.9
Saudi Arabia	187.9
Senegal	102.0
Sierra Leone	14.4
Singapore	77.9
Somalia	10.3
Spain	9,491.6
Sri Lanka	24.3
Sudan	203.2
Sweden	2,475.6
Switzerland	13,277.4
Syrian Arab Rep.	169.6
Tanzania, United Rep. of	107.7
Thailand	41.4
Trinidad and Tobago	20.3
Tunisia	83.8
Turkey	570.0
Uganda	36.0
United Arab Emirates	235.6
United Kingdom	3,736.0
United States of America	32,060.7
Uruguay	145.2
USSR	1,545.7
Venezuela	50.0
Yemen Arab Republic	25.4
Yugoslavia	1,447.6
Zaire	148.5
Zambia	31.2
Zimbabwe	24.2
Contributions from UN Staff	36.5
Contributions under $10,000	142.5
TOTAL	**198,667.4**
Plus GCO fiscal period adjustment	28,085.3
Less costs of GCO*	(38,371.8)
Net available for UNICEF assistance	188,380.9

**Costs of producing cards and brochures, freight, overhead, adjustments.*

UNICEF expenditures 1989-1991

(in millions of US dollars)



Cash assistance for project personnel

1989	US$74 million
1990	US$89 million

Training costs and local expenses

1989	US$171 million
1990	US$211 million

Supply assistance

1989	US$259 million
1990	US$288 million

Programme support

1989	US$71 million
1990	US$81 million

Administrative services

1989	US$58 million
1990	US$69 million

The bar chart on this page shows expenditures on programme assistance for 1989 and 1990, and estimated 1991. The bar and pie charts on page 58 show programme expenditures by sector in 1986 and 1990, by amount and proportion respectively.

1990 governmental contributions (in thousands of US dollars)

Contributions to UNICEF's general resources are shown at right; additional contributions for supplementary funds and emergencies are shown in colour, at left.

The World on the Azimuthal Equidistant Projection centered at New York City.

OCEANIA

Australia
5,067.7 ..... 2,780.0

Fiji
..... 0.7

New Zealand
..... 534.6

NORTH AMERICA

Canada
27,435.6 ..... 14,561.4

United States of America
11,617.0 ..... 65,400.0

59

ASIA

Afghanistan 35.0	Hong Kong 14.5	Korea, Democratic People's Republic of 23.1	Lao People's Democratic Republic 5.0	Mongolia 6.0	Sri Lanka 15.9
Bangladesh 9.5	India 70.0 ..... 1,742.7	Korea, Republic of 400.0	Malaysia 84.3	Myanmar 245.0	Thailand 274.9
Bhutan 6.4	Indonesia 300.0		Maldives 4.2	Pakistan 136.7	Viet Nam 8.0
China 650.0	Japan 901.1 ..... 20,730.0			Philippines 168.9	

EUROPE

Austria 1,629.9	European Economic Community 12,522.5	Germany, Federal Republic of 1,556.6 ... 10,179.6	Ireland 165.3 ..... 192.2	Norway 13,010.6 ... 36,837.4	Ukrainian S.S.R. 704.2
B.S.S.R. 614.9	Finland 5,145.0 ... 35,805.6	Greece 150.0	Italy 5,334.3 ... 49,327.4	Poland 2.6	U.S.S.R. 20,963.5
Belgium 36.0 ..... 2,564.1	France 6,848.8	Holy See 2.0	Luxembourg 80.1	Romania 4.3	United Kingdom 2,634.0 ... 15,027.9
Bulgaria 28.2	German Democratic Republic 449.1	Hungary 40.3	Malta 7.0	Spain 2,597.6	Yugoslavia 250.0
Czechoslovakia 63.6		Iceland 40.9	Monaco 12.0	Sweden 64,985.0 .. 54,263.6	
Denmark 25,193.9 ... 17,531.8			Netherlands 14,032.1 ... 17,197.1	Switzerland 5,735.6 ... 12,783.9	

MIDDLE EAST

Arab Gulf Fund 37.0	Democratic Yemen 8.9	Iran 50.0	Jordan 15.4	Oman 1.2 ..... 5.0	Turkey 52.2
Algeria 0.3	Djibouti 1.0	Iraq 96.8	Kuwait 2,000.0 ..... 200.0	Saudi Arabia 1,000.0	Yemen 14.0
Cyprus 2.1	Egypt 23.9	Israel 50.0	Morocco 70.0	Tunisia 42.8	

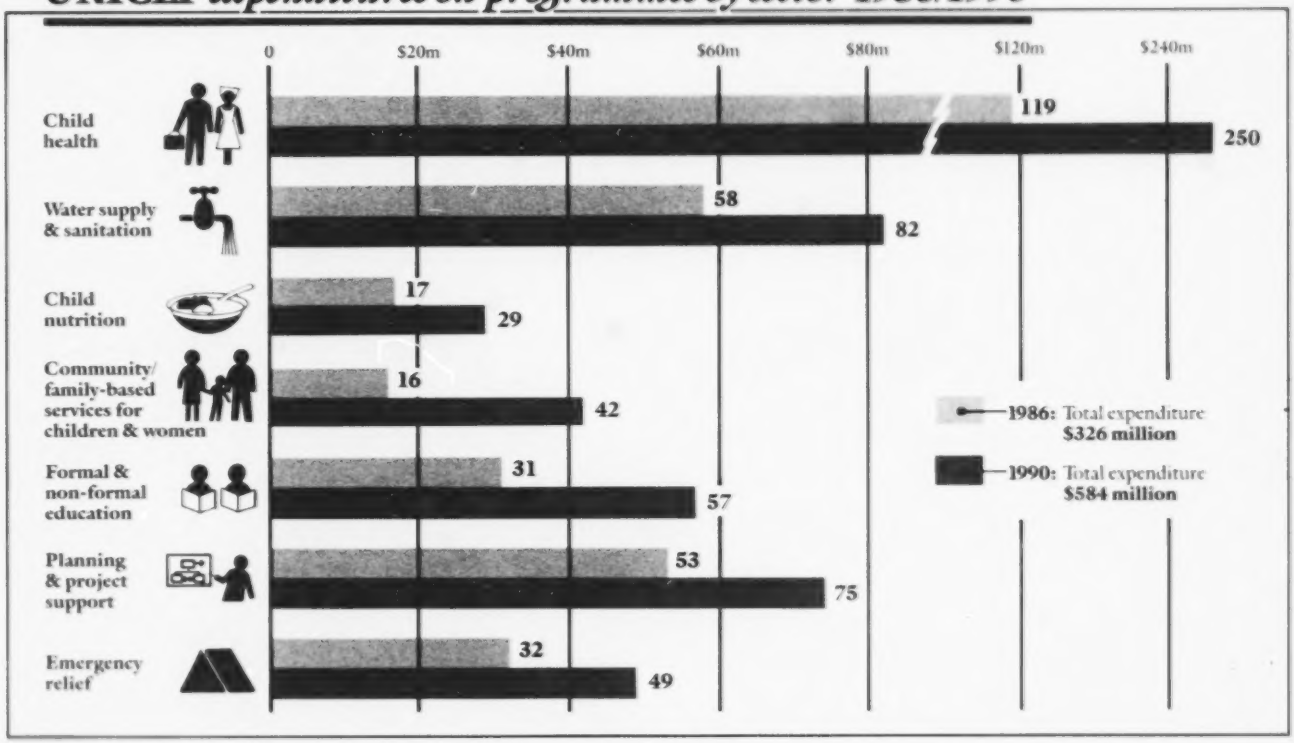
AFRICA

Angola 1.0	Burundi 5.1	Lesotho 1.6	Niger 2.0	Swaziland 2.7	Zaire 3.0
Benin 3.0	Cameroon 52.6	Madagascar 2.4	Nigeria 2,300.6 ..... 384.4	Tanzania, United Republic of 5.5	Zambia 6.5
Botswana 19.2	Ethiopia 49.3	Malawi 2.1	Rwanda 4.0	Uganda 0.1	Zimbabwe 17.3
Burkina Faso 0.9	Kenya 8.7	Mauritius 5.3	Sierra Leone 3.5		

LATIN AMERICA

Bahamas 0.8	Chile 70.0	Ecuador 25.0	Mexico 62.5	Saint Lucia 2.6	Uruguay 10.0
Barbados 2.0	Colombia 452.5	El Salvador 50.0	Nicaragua 6.2	Saint Vincent and the Grenadines 1.5	Venezuela 202.5
Belize 5.0	Costa Rica 10.8	Guatemala 31.9	Panama 12.5	Trinidad and Tobago 8.8	
Bolivia 15.0	Cuba 45.7	Guyana 0.6	Saint Kitts and Nevis 0.9		
British Virgin Islands 0.2	Dominica 1.1	Jamaica 2.4			

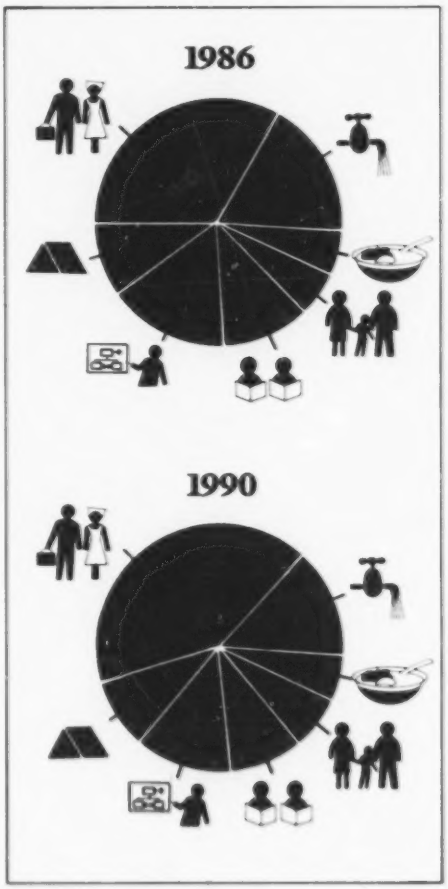
UNICEF expenditures on programmes by sector 1986/1990



Financial plan and prospects

Based on the results of the 1990 Pledging Conference and recent trends, UNICEF expects to maintain and expand its current level of contributions from Governments for both general resources and supplementary-funded projects. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to expand further their important contributions. The benefits of other forms of fund-raising are also being examined.

At the April 1991 session of the Executive Board, proposals for new or extended multi-year programme co-operation in 30 countries will be submitted. UNICEF currently co-operates in programmes in 128 countries. The proposed new recommendations total US$577 million from UNICEF's general resources and US$779 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations, from general resources for all countries including those for which recommendations from general resources are being proposed at the 1991 Executive Board session, are shown in the table on pages 32 and 33. A financial medium-term plan covering the years 1991-1994 will be submitted to the Executive Board at its April 1991 session.



Budget estimates

The revised budget estimates for the biennium 1990-1991 and the budget estimates for the biennium 1992-1993 have been designed to strengthen the Organization's operational capacity to achieve the programme goals and strategies for the 1990s. These proposals are the result of extensive reviews and discussions held both in the field and at headquarters to assure that the needs of the Organization are well understood and that the budget proposals address those needs in an appropriate manner.

Revised estimates for 1990-1991: UNICEF is requesting a supplementary budget of US$31.2 million in the current biennium. Of this, US$25.9 million is for mandatory increases due to

such factors as revised salary scales, pension fund contributions, etc. The remaining US$5.3 million is for additional requirements relating mainly to the financial implications of the one-time installation costs and rent for additional office space at New York headquarters. This supplementary budget is proposed within the context of a comprehensive financial plan which demonstrates that not only is the additional budget affordable within the latest income estimates but also that the budget overhead ratio for the biennium has actually decreased from 10 to 9.62 per cent.

Proposed budget for 1992-1993: In early 1990, a Task Force was formed to review the operational capacity of UNICEF headquarters and field offices in anticipation of broad-based support by world leaders for the programme goals and strategies as envisioned at the World Summit for Children. Field office capacity has been strengthened by establishing criteria and providing adequate core staffing through the addition and redeployment of posts; reviewing the grade levels of UNICEF representatives throughout the world; and continuing the process of restructuring and streamlining regional offices.

Headquarters capacity has been enhanced by establishing a Planning and Co-ordination Unit within the Executive Office; broadening the scope of the Office of Evaluation; bolstering the Division of Personnel to take a more pro-active stance in human resources planning; and providing suitable office accommodation for all staff.

The proposed 1992-1993 budget of US$394.6 million foresees an annual nominal growth rate of approximately nine per cent from the 1990-1991 revised budget, but as a global inflation rate in United States dollars of approximately five per cent has been included in the estimates, the annual growth rate in real terms is four per cent. The overhead ratio of the 1992-1993 budget is 10.54 per cent.

Liquidity provision

UNICEF works with countries to prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to fully cover the costs of these recommendations in advance, but depends on future income from general resources to cover expenditures. The Organization does, however, maintain a liquidity provision to cover temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

UNICEF maximizes planned general resource programme expenditures based on the requirements of the liquidity provision and on the level of projected general resource contributions. □

Information resources management

The new programme coding and budgeting system was introduced in 1990, accompanied by new systems for funding monitoring and contributions receivable. The Supply Division in Copenhagen introduced a new purchase order system. The standard field office computerized system was enhanced.

An information resources management analysis was made of the external relations area, and the results are expected to be implemented from 1991.

A start has been made on system components for the monitoring of programme goals, and this work is expected to receive more attention starting in 1991.

An inter-agency panel has also been formed with the objective of developing a United Nations global telecommunications network. Implementation of the network is expected to evolve over the next few years. □

Human resources management

In 1990, UNICEF had a total staff of 4,730 people serving in 227 locations (at headquarters and regional, country and sub-offices) around the world, of whom 79 per cent were in field offices.

There were 1,062 international professionals (531 core, 531 non-core); 65 government-sponsored; 608 national professionals (189 core, 419 non-core); and 2,995 general service staff (1,428 core, 1,567 non-core).

The General Assembly-approved hardship and mobility scheme came into effect in June. The scheme provides for enhanced compensation and working conditions in hardship duty stations, so it is hoped to attract high-quality staff where UNICEF support is especially important and needed.

Almost 300 positions were filled during the year, drawing on both internal and external candidates. Women continued to be given high priority in appointments and placements, and candidate searches continued to focus, as far as possible, on women. Thirty-five per cent of the positions filled during the year went to women, and coincidentally, 35 per cent of the staff recruited from outside UNICEF were women. With 26 per cent of UNICEF field offices now headed by women, the prospects for their rise into senior management were further enhanced.

The development of new UNICEF global strategies for the 1990s raised the need for additional professional talent in expanded programmes of co-operation. As a result, UNICEF sent special recruiting missions to underrepresented countries and to renowned institutions around the world. More missions of this kind are planned for Africa in 1991.

The Junior Professional Officers (JPO) programme was further advanced during the year when the United Kingdom became the twelfth country to sign a JPO agreement with UNICEF. Other countries are Canada, Denmark, Finland, France, Germany, Italy, Japan, the Netherlands, Norway, Sweden and Switzerland. There remains a growing need for JPOs, and UNICEF approached a number of other countries which might join in JPO agreements. Negoti-

ations are under way for a JPO agreement with the Government of Belgium.

Staff training was further expanded and improved during the year. The number of person/days in training rose by more than 30 per cent. Improved staff training is a major tool for higher productivity and, in keeping with UNICEF goals for the 1990s, new training materials were prepared and put to use in areas such as nutrition and education. A comprehensive training of trainers effort produced, in nearly all field offices, trained focal points responsible for planning, implementing and evaluating training activities. Greater stress was placed in all UNICEF functions on systematic and universal orientation and on-the-job training. □

Supply management

UNICEF-supported programmes in developing countries are provided with supplies and equipment purchased mostly by the Supply Division, which is located in Copenhagen and New York. Standard items, including essential drugs, cold-chain equipment and syringes for vaccinations, are stocked and set-packed in the Copenhagen warehouse. An inventory valued at some US$25 million is maintained there, thus providing the opportunity to purchase in bulk while improving delivery to programmes and customers. Other items, such as vaccines, vehicles and rigs for drilling water wells, are purchased from suppliers for direct shipment to the countries in which they will be used. Increasing amounts of programme supplies are purchased locally by UNICEF field offices.

The total value of purchases made during 1990 was approximately US$305 million, an increase of 12 per cent over the previous year. Of this amount, approximately US$93 million was procured in developing countries for use in country programmes. The purchase of vaccines in support of UCI increased from US$39 million in 1989 to US$55 million. UNICEF also acts as a procurement agent for Governments and NGOs; during 1990 such procurement services amounted to US$49 million.

Continuous attention has been given to ensuring the efficiency of UNICEF's world-wide purchasing activities, and as the value of UNICEF supply purchases continues to increase, continued pressure in the relevant markets has ensured that manufacturers' prices are held at an acceptable level. □

acquired immunodeficiency syndrome
acute respiratory infections
Bangladesh Rural Advancement Committee
community-based rehabilitation
control of diarrhoeal diseases
children in especially difficult circumstances
Canadian International Development Agency
child survival and development
Department of Technical Co-operation for Development (of the UN)
Defense for Children International
East Asia and Pakistan Regional Office (UNICEF)
Economic Commission for Africa
European Economic Community
expanded programme on immunization
Eastern and Southern Africa Regional Office (UNICEF)
Food and Agriculture Organization of the United Nations
Greeting Card Operation
gross national product
human immunodeficiency virus
International Committee of the Red Cross
International Fund for Agricultural Development
International Labour Organisation
Initiative against Avoidable Disablement (UNDP)
International Monetary Fund
infant mortality rate
Information Resources Management
Joint Consultative Group on Policy
maternal and child health
Middle East and North Africa region
non-governmental organization
Organization of African Unity
oral rehydration salts
oral rehydration therapy
Pan American Health Organization
primary health care
Regional Office for South Central Asia (UNICEF)
South Asian Association for Regional Co-operation
Social Dimensions of Adjustment (World Bank)
Swedish International Development Authority
The Americas and Caribbean Regional Office (UNICEF)
traditional birth attendant
technical co-operation among developing countries
urban basic services
universal child immunization
under-five mortality rate
United Nations Capital Development Fund
UN Centre for Social Development and Humanitarian Affairs
United Nations Conference on Trade and Development
United Nations Development Programme
Office of the United Nations Disaster Relief Co-ordinator
United Nations Educational, Scientific and Cultural Organization
United Nations Population Fund
United Nations High Commissioner for Refugees
United Nations Children's Fund
United Nations Development Fund for Women
UNICEF Procurement and Assembly Centre
United States Agency for International Development
water and sanitation
West and Central Africa Regional Office (UNICEF)
World Food Council
World Food Programme
World Health Organization
WHO Regional Office for Africa

Terminology

Through accession of the German Democratic Republic to the Federal Republic of Germany with effect from 3 October 1990, the two German States have united to form one sovereign State. As from the date of unification, the Federal Republic of Germany acts in the United Nations under the designation of 'Germany.'

As of 22 May 1990, Democratic Yemen and Yemen merged to form one sovereign State, Yemen.

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3/F, Happy Valley
Hong Kong

UNICEF Magyar Nemzeti Bizottsága
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H – 1062 Budapest

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IRL – Dublin 2

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